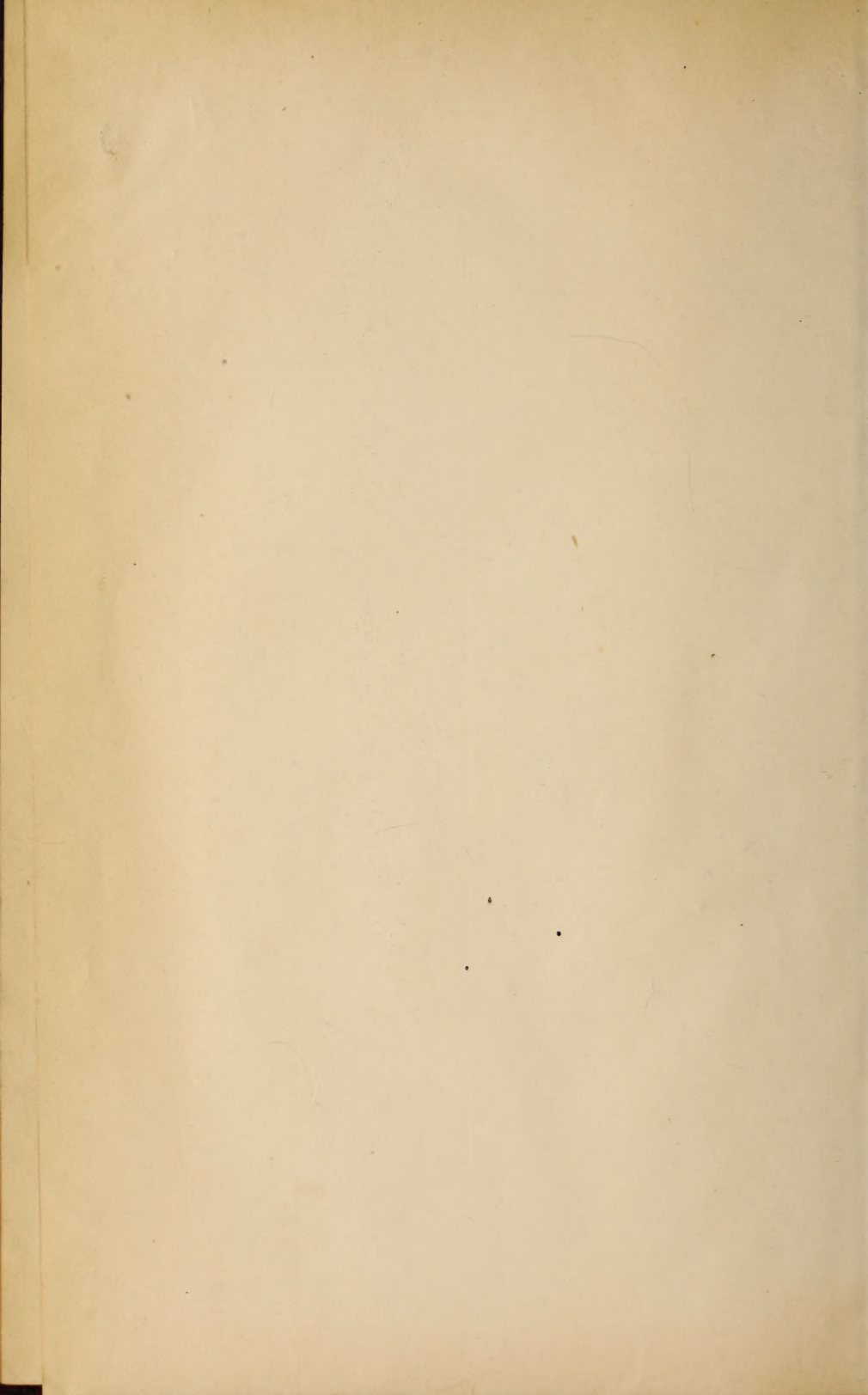



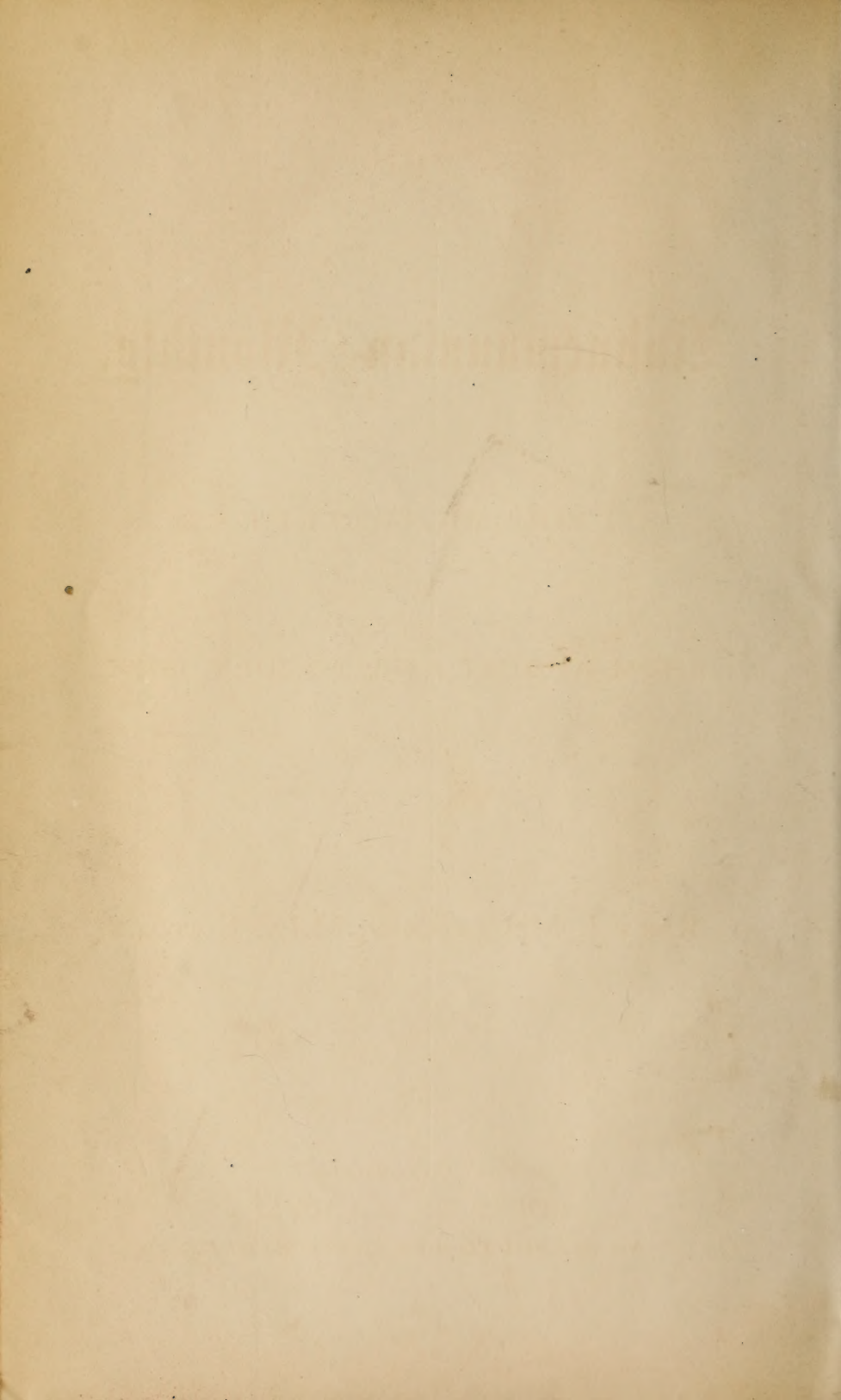
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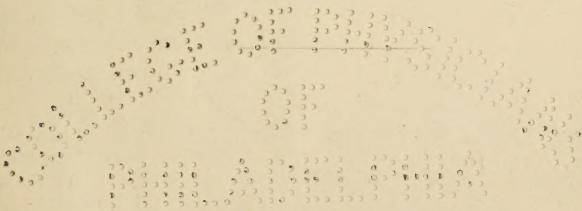
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ROB'T J. McCLATCHEY, M.D., EDITOR.

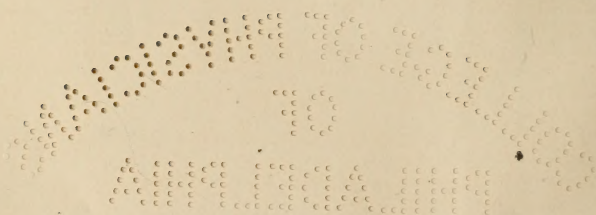


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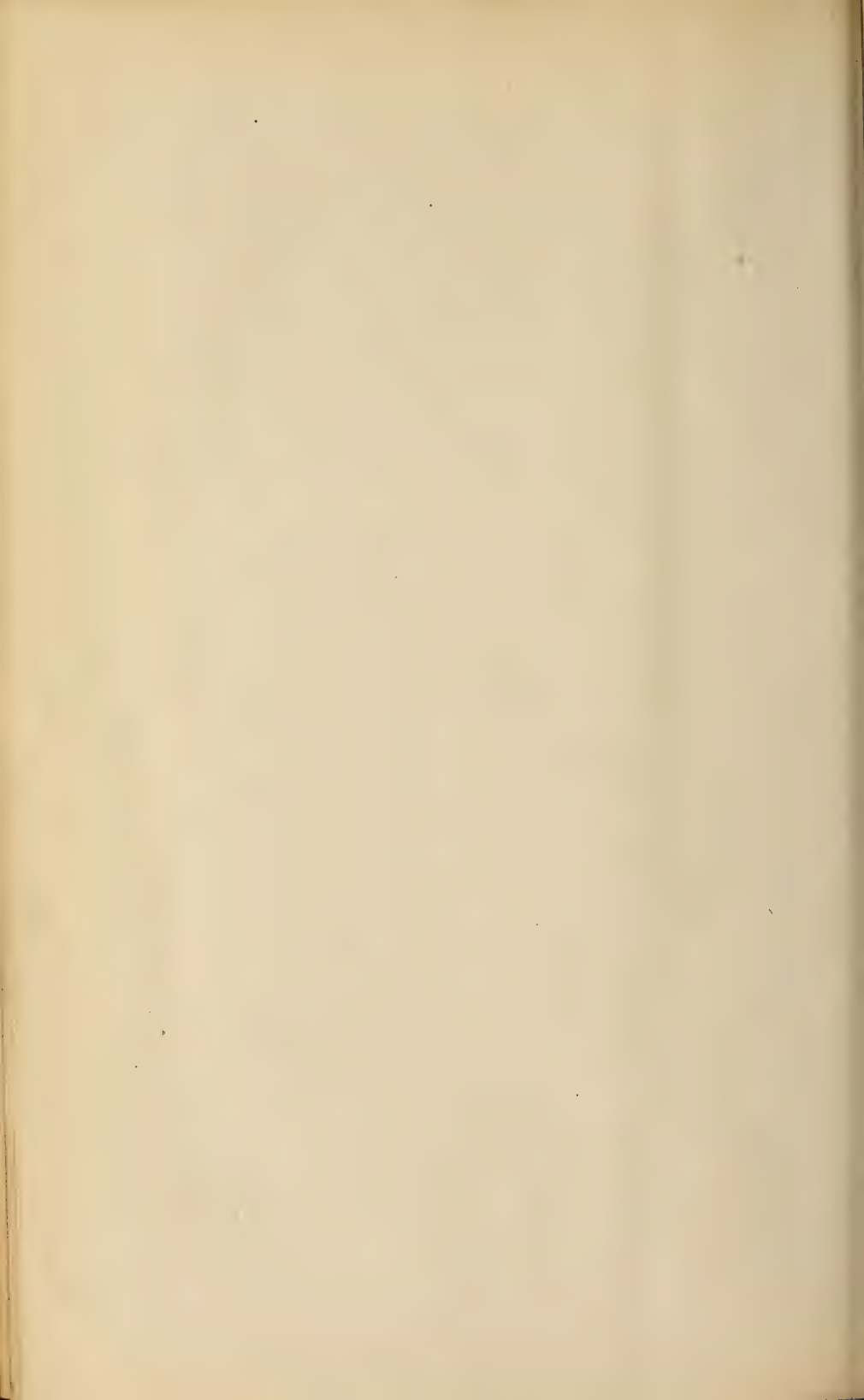
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No. 1.

PRESENTATION OF THE FACE.

BY J. H. MARSDEN, A.M., M.D.

(From "A Compendium of Midwifery" in Manuscript.)

WE have seen in what we have selected as the normal type of labor that not only is the *head* the presenting part, but the vertex or top of the head is found lowest, and is the part upon which the finger impinges in making the usual examination. This presentation is not only the most simple and the most favorable to delivery by the natural powers alone, but it is also by far the most frequent.

Upon making a first examination in a given case of labor, we may satisfy ourselves that the fetus lies in an inverted position in the womb, that is, that the head is lowermost; but we cannot infer from this with certainty that the *vertex* will present. Instead of the head entering the upper strait, flexed, with the chin nearly approaching or resting upon the thorax, it may depart therefrom at its entrance, or extension from some pre-existing cause may, in exceptional cases, have taken place prior to the commencement of labor. In either case, as labor advances, the chin departs more and more from the chest, and the occiput is necessarily thrown further and further backward, and approaches nearer and nearer to the upper part of the back or posterior plane of the fetus. This gives rise to

PRESENTATION OF THE FACE.

It is probable that nearly all face presentations are originally presentations of the vertex. That is, before the mem-

branes are ruptured and the head attempts to enter the strait, flexion already exists, and it is ready to descend in the usual manner, with the vertex in advance. But from the direction of the propelling force, the shape of the pelvis, or that of the head, the occiput encounters resistance, while the forehead is free to move. The propelling force continuing to act, is expended upon or communicated to the longer arm of the cranial lever, which, obedient to the impulse, moves in the direction of least resistance, carrying the chin more and more remote from the thorax, and consequently forcing the occiput still further and further backwards. It is manifest the more the head advances, under these circumstances, the greater will be the resistance with which the occiput will meet, and consequently the more firmly it will be pressed upon the posterior surface of the chest. As the atlanto-occipital articulation in the foetus admits of much freer movement than in the adult, this will bring the face nearly or directly downward, constituting a face presentation.

Nearly tantamount to what I have just said is the explanation given by Dr. Robert Barnes. "A force," says he, "which is generally unnoticed in obstetrics is *friction*, and if friction were uniform at all points of the circumference of the head, it would be unimportant in a dynamic point of view to regard it; but it is not always so. Friction at one point of the head may be so much greater than elsewhere, that the head at the point of greatest resistance is retarded, while at the opposite point the head will advance to a greater extent; or resistance at one point may quite arrest the head at that point. In either case the head must change its position in relation to the pelvis.

"Let us then take the case where excessive friction bears upon the occiput directed to the left foramen ovale. This point will be more or less fixed, while the opposite point or forehead, receiving the full impact of the force, propagated through the spine to the atlanto-occipital hinge, will descend; that is, the forehead will take the place of the vertex, and be the presenting part. If this process be continued, the head, rotating back more and more upon its transverse axis, the face succeeds to the forehead."

As the proper management of face presentations depends upon our detecting them early, that is, before the head descends so far that they cannot be rectified, it is of the utmost importance that we should be familiar with the characteristic

symptoms by which they may be made out. With a view to this object I cannot do better than to quote the diagnosis given by Cazeaux. "By the touch only," says he, "can the diagnosis be made with certainty. Before the membranes are ruptured, the head in general is high and difficult of access, so that it is almost impossible to reach the presenting portion, provided the membranes are the least tense. Again, the reversion of the head not being yet completed, the forehead is the lowest part, and the one the finger encounters in performing the touch; whence by feeling a hard, round body, furrowed by a membranous interval (the coronal suture), we might very readily mistake it for a vertex presentation. But if the flaccid and folded membranes can be depressed without difficulty, or still better, if they have been recently ruptured, the diagnosis becomes easier. Then we find toward one side of the pelvis a rounded solid surface, the forehead traversed by a suture leading to a transverse depression; next a triangular elevation, whose base looking in an opposite direction from the forehead, exhibits two openings, the nares, and beyond this a transverse fissure bounded by the superior and inferior maxillary arches. Sometimes the finger when introduced into the mouth of the child has been already sensible of an effort at suction. On the sides of the median protuberance two little soft tumors (the eyes) are felt, surrounded by an osseous circle; and lastly, when the head is low an ear may be detected behind the pubis. When the presentation is once determined the position is easily made out, for the opening of the nostrils must evidently look towards that part of the pelvis which corresponds with the chin."

When the presentation has already descended considerably into the pelvis the diagnosis will sometimes not be so easy. There is necessarily much compression of the parts, and the features of the child will be much distorted and difficult to distinguish. Velpeau tells us of a French professor, who just after making an examination of a patient in labor, and who supposed he had introduced his finger into the mouth of the child, pronounced the case to be a presentation of the face, and boldly asserted the impossibility of his mistaking a breech presentation for one of this sort, while, to the great amusement of his class, his finger was seen to be covered with meconium.

When, however, the labor is so far advanced that the crowding of the parts render the diagnosis obscure, it is already too

late to do anything effectively in correcting the malpresentation. As it is then, the best we can do is to wait and give nature fair play; we can take time for fully considering this case without causing any detriment to our patient. By careful and deliberate examination and due reflection upon the result, we shall be able to make out the true state of the case in sufficient time to be ready to render the required aid.

Cazeaux admits "two fundamental positions of this presentation; in one of which the chin looks towards some point on the right lateral half of the pelvis, the *right mento-iliac*; and in the other it is directed to one of the points on the left lateral half, the *left mento-iliac position*; and we may repeat," says he, "for the face what was said concerning the vertex presentations, namely, that there is no portion of the circumference of the superior strait with which the chin may not be in relation at the commencement of labor; nevertheless we shall include all these shades of position in the three principal varieties of each side; that is, for each fundamental one we have the *anterior*, the *transverse*, and the *posterior* varieties."

The opinions of authors vary considerably as to the difficulty created by face presentations, especially where the chin finally turns backward, in relation to the pelvis. Dr. W. Hunter in his MS. lectures, as quoted by Dr. Meadows, remarks: "In this case I do not turn the head round in order to deliver, but nineteen times in twenty leave it to itself to come as it will." To this Dr. Meadows adds: "The same opinion is expressed, and the same practice adopted by most English authorities." And further still the same author continues: "As a general rule no *treatment* is required in the management of face presentations; for beyond a somewhat protracted first stage and a little more pain to the mother these cases mostly do well." On the contrary Dr. Barnes tells us that some of the most difficult cases to which he has been called in consultation were cases of presentation of the face. A false estimate no doubt often arises from the censurable practice of authors to divide all labors into two great classes, natural and preternatural; the first including such as may be terminated by the natural powers alone, the second requiring manual or instrumental aid. Not a few have regarded face presentations as belonging to natural labors, and therefore not to be interfered with, but left wholly to the resources of the organism. Of course very much will depend upon the

size of the child, especially of the head, the shape of the latter, the amplitude of the pelvis, etc., etc.

If we be present before the face enters the superior strait, and detect this presentation, we should at once seek to correct it. We have before remarked that by far the larger number, if not all these cases, were most probably originally presentations of the vertex; that they have been changed by the vertex or occiput meeting with resistance in its descent greater than that encountered by the forehead, in consequence of which the former was retarded or arrested in its progress, while the latter, free to move, advanced and took the place of the vertex. Now if we can reverse this state of things we shall overcome the difficulty. By introducing two fingers of the hand of which the palmar surface will most readily apply to the forehead or the chin, according to the degree of extension which has already taken place, and with the points of them pushing it up, while, if practicable, two fingers of the other hand, or a lever, are hooked over the occiput so as to draw it down, we may restore flexion and thereby change a forehead or a face presentation into one of the vertex. Here, by means of the fingers, we more than counterbalance the resistance which the occiput has encountered by creating resistance to the descent of the forehead, while we enable the occiput to overcome that which detains it by applying additional force. If flexion be thus restored and maintained till the vertex enters the upper strait, and if the action of the womb be energetic, we may leave the labor to be completed by the natural powers. Attempts to rectify the presentation in the early stage of labor have the approbation of the most eminent accoucheurs. "If the practitioner be called early," says Dr. Hodge, "and recognize a face presentation after the os uteri is dilated, and before the presenting part has passed this opening, the author thinks that in all cases it would be best to resort immediately to *version by the vertex*. For under the circumstances just mentioned, especially in multiparous women, the operation can be easily and rapidly performed, without much suffering to the mother, and will effectually deliver the child and its parent from all the unpleasant incidents, delays, and even dangers of facial presentations." "Now," says Dr. Robert Barnes, "if we can transpose the greatest friction or resistance to the forehead and still maintain the propelling force, it is clear that the occiput must descend, and that the normal condition may be restored."

The author last quoted refers, however, to cases where such a fortunate result could not be reached. "In some," says he, "the face will not enter the brim," and then asks: "What shall we do here?" The application of the forceps, under these circumstances, he thinks attended with peculiar difficulties, and advises podalic version or turning by the feet as holding out a better prospect to both mother and child.

It will often happen, however, that we do not reach the patient in time to effect a rectification of the malpresentation. The face has already entered the pelvis and descended too far to leave any hope of pushing up the chin and bringing down the occiput, or, in other words, of producing flexion. An important question then is, what shall we do?

In by far the greater number of cases the head will so rotate as to bring the chin toward the symphysis pubis, and ordinarily the natural powers, after some delay and the suffering of additional pain, will effect delivery. Should, however, symptoms of approaching exhaustion manifest themselves, the forceps should be used. The application of the instrument here does not materially differ from that in ordinary cases. "When locked traction is at first directed downward to get the chin fairly under the pubic arch, then the traction is directed gradually more and more forward and upward so as to bring the vault of the cranium out of the pelvis. The posterior part of the head puts the perineum greatly on the stretch. It requires great care to extract. Give time for the perineum to dilate. Extract gently." (Barnes, *Obstet. Oper.*, p. 86.)

As the position is so much more favorable when the chin turns under the symphysis pubis, although in obedience to the mechanical law we have elsewhere stated it generally does so, it is *all-important* to watch the descent, and if we suspect danger of its turning backward, and even where it remains stationary in relation to the *side* of the pelvis, to attempt to correct that tendency by interposing *assistance* which will direct it forward. Where there is sufficient space the fingers will answer the purpose, and the judgment of the practitioner will suggest the mode of application.*

* This is simply an application of the law of mechanics, to which we have here several times alluded, and upon which we have dwelt at some length in our chapter upon the "Mechanism of Labor." This suggestion was written, not published, more than one year ago. Professor Penrose has very lately published a case very satisfactorily treated by this method, and earnestly recommends it in similar cases. He used a blade of the

But if in despite of these measures the chin turn backward, or we are called to a case so late that we had no opportunity to prevent the unfortunate occurrence, what shall we then do? We are told by some that the child may, and in a great proportion of cases will, be born by the natural powers. Others again assert the contrary. The late Dr. C. D. Meigs, if we remember rightly, taught his classes that generally it cannot be so born. Dr. Barnes says: "The birth of a full-grown living or recently dead child, with the forehead maintaining its direction forward, is almost impossible."

The forceps here, when the child is of ordinary size, is scarcely applicable, because in drawing down the head we draw down also the shoulders and thorax, as it were, alongside of it, and greatly increase compression. Turning by the feet is usually impracticable when the head is low; if it can be effected it insures delivery, but generally with the loss of the child and often of the mother too.

Some advise forcibly turning the chin around by means of the forceps, so as to bring it into relation with the symphysis pubis. When it is fully turned backward, there is danger of breaking the child's neck by this operation, even if practicable. If attempted at all it should be *gradually coerced* round, and if once turned the case may be treated as one of the anterior position of the chin originally.

Where turning the chin around is impracticable, or for any reason judged improper, and where after waiting it does not turn spontaneously, as it sometimes will do even at the last moment, it may be *possible*, by elevating it and depressing the perineum, to draw it over the latter. The forceps, very carefully used, may be of advantage in this operation. Careful stretching of the perineum, in the manner I have indicated in the chapter on the "Management of Labor," may also very considerably contribute to our success. If this can be accomplished, the lever may be applied to the occiput so as to draw it downward and backward, thus restoring at least partial flexion, by which means the head may be delivered.

Should all these expedients fail, as well as the resources of

forceps instead of the fingers, however, for the purpose. The expedient seems to have been with him original, and suggested by the consideration that the chin did not rotate because it could not reach the perineum to meet with the necessary *resistance*, which he therefore supplied to it as it was by artificial means.

For an interesting account of the case, etc., see *Obstetrical Journal of Great Britain and Ireland, American Supplement*, for April, 1876.

nature, as sometimes they will, we have craniotomy as a last resort. A last resort we say, but it should not be a too late resort. When deemed indispensable, it should be performed in time, before the mother's powers are so far exhausted as seriously to jeopardize her life. Neglect in this matter, we fear, is too common, and there is reason to believe many mothers die, either immediately from shock, or later from want of power to recuperate from the extreme prostration of long-continued suffering. Craniotomy in face presentations is much more difficult of execution than in those of the vertex, is extremely repugnant to the physician, and is attended with grave responsibilities, especially if it be not well ascertained that the child is already dead. Hence consultations are generally proposed, which in cities and large towns may not cause much delay, but in rural districts require much time to arrange. Hence often by the time the parties are assembled the patient is beyond their combined skill to save. It should be remembered the mother's interests are paramount to those of the child, and if either *must* be sacrificed it should be the latter. We would not, however, be understood to advocate precipitancy. The condition of the patient should be carefully watched, her former state of health taken into the account, and her general powers of endurance fully considered. So long as her strength holds out, and she manifests no signs of sinking, let nature have fair play to do her best. But whenever signals of distress are hung out, then let the attendant be on the alert. As such we may regard a quick and feeble pulse, coated tongue, altered secretions of the mucous membranes, extreme restlessness, and manifestly sinking strength, while, at the same time, or after the persistence of the foregoing symptoms, there is manifest subsidence of uterine action.

DYSPEPSIA.

BY DR. A. CHARGE.

(Continued from page 469.)

Kali carb.—For aged persons, rather inclined to obesity and of soft constitution. After great loss of vitality. Repugnance to all food, so that even looking at it upsets the stomach. Constant chilliness; cold hands and feet; internal chilliness, especially when moving about. Dry skin, so that he does not

perspire however great the heat is. Pulse small, weak, unequal, slow or accelerated. Face pale, eyes sunken, œdema of the upper eyelid, dryness of the mouth, a dull taste, tongue covered by a yellowish-white coating; lips dry, thirst; great desire for sugar and sweets. Epigastrium swollen, hard, and sensitive to the touch; painful sensation of emptiness of the stomach, and when he eats ever so little a great feeling of fulness and pressure, which soon gives way again to the sensation of goneness; burning after eating, and rising from the stomach to the throat; great pain in the great cul-de-sac of the stomach, radiating to the chest and spreading all over the body to the back and extremities; pulsations in epigastrium; nausea, eructations, vomiting of food and of mucus; frequent yawning and difficult respiration; anxiousness; abdominal pulsations; pains in the hepatic and umbilical region, on both sides of the inferior parts of the stomach, in the kidneys, bladder, and sometimes descending into the testicles; bloatedness of the abdomen, which is painful to the touch; constipation as from inertia of the rectum, the stools dry, rare, and difficult to discharge; bloody hæmorrhoids; during the night frequent desire to urinate, and the abundant urine is pale-red, but muddy as if it contained dust. The urine passes slowly and burns. Somnolence during the day; herpetic spots on the face; headache and toothache, the latter every morning; a pressure in the forehead and eyes, with heat in the head, and by fits and starts surring in the ears; *the right one is hot, the left one pale and cold* (Cham. has one cheek red and the other pale). Vertigo provoked by the least motion, and especially by riding in a carriage. Respiration difficult, anxious; cough morning and evening, cough dry, hard, croupy with gray, greenish, clustered expectoration, difficult to detach, so that the effort of coughing causes nausea and even vomiting. Rheumatoid pains along the spinal column and especially in the cervical region, in the shoulders, on the sides; aggravation in the fresh air. Sleepiness or *restless sleep towards two to three in the morning, with aggravation of all the symptoms*. Great irritability; continual moaning.

Kreasote.—*Fel Bovis* gives us already, and Pepsin offers precious help, in the dyspepsia of convalescents, but neither one responds so well as *Kreasote* to the deep and lasting disgust which often plagues convalescents from severe diseases, like typhoid fever. Nothing gives them pleasure to eat; even

the best prepared food looks horrible to them, and even the smallest quantity of food taken tires them out.

Lithium carb.—This drug, only known to many by its beautiful cures of amaurotic amblyopia and hemiopia, merits our attention in dyspepsia by the characteristic: *the suffering in the stomach stops as soon as he eats*, to reappear soon after till he takes again nourishment. The pain of Lithium is a gnawing accompanied by acidity of the primæ viæ. Appetite is promptly satiated, and every morning he has pains in the forehead and temples till he takes his breakfast.

Lachesis.—The enemy of all compression. We saw in the ailments of the respiratory organs that the patient cannot bear anything around the throat; we find in dyspeptic patients that the stomach is sensitive to the slightest contact, so that the pressure of the clothing can hardly be borne. Vertigo in the morning when waking up; congestive headache; tongue red, shining, even fissured. Constant desire to swallow, and when swallowing sensation as if he had a foreign body in the throat which cannot be moved upwards or downwards. Immoderate desire for wine, and eructations after a meal. The liver engorged and painful; slight pains also in the splenic region. Stomach hard and distended, with flatulent colic. Nausea, vomiting of food, especially after having eaten. Constipation, with hard and difficult stools, or soft passages, especially at night. Fruit and acids easily cause diarrhœa. Aggravation after sleep and towards morning; fear of death and despair of ever getting well. Syphilitic infection. Habits of drunkenness. In women dysmenorrhœa, the blood is black and clotted; leucorrhœa after menses; menopausis.

Lycopodium.—Flatulent dyspepsia, but in Carb. veg. the flatulence distends the stomach in such a manner that the pressure on the diaphragm causes difficult respiration, whereas in Lycopodium the distension mostly takes place in the intestines. Dryness and bitterness in the mouth, without thirst; strong breath, yellow teeth, soft gums. Good appetite, or rather desire for food from a sensation of weakness in the stomach, and in every case the appetite is promptly satisfied in consequence of the enormous swelling in the stomach as soon as he begins to eat. Epigastric pain not increased by external pressure. Fatigue after eating; acrid eructations; bloatedness; drawing and tension over the whole abdomen, especially in the colon descendens. Palpitation of the heart; irresistible sleep. Fresh vegetables and leguminosa are hard

to digest. Constipation ; frequent desire for stool, but the discharges are always incomplete. The urine deposits a brick-dust sediment.

Magnesia carb. or Magn. mur.—Extreme bloatedness of the stomach, without eructations or flatulence, with sour eructations and pyrosis, after having eaten cabbage, potatoes, or other gross food.

Merc. cor.—Similar to Calc. carb. in the repugnance to meat and hot aliments, and to Bry. and Ars. in the epigastric pain, with these differences, that Merc. with the repugnance to hot food combines a great desire for cold food, and that the epigastric pain is less severe than that of Bry. or Ars. The distension and the sensibility of the transverse colon are characteristic. *Putrid taste of the mouth in the morning ; increased saliva ; bad breath.* Bilious taint, the liver rises above the false ribs. Oppression after eating ; distension and painful sensibility of the stomach ; eructations ; nausea. Tendency to diarrhoea, with tenesmus ; the stools very slightly colored. Copious perspiration, excessive day and night, without relief.

Moschus.—For very susceptible, nervous, hysterical women ; it effaces the persistent troubles of the digestive functions characteristic of dyspepsia, especially when there are also present violent palpitations of the heart, dyspnoea, prostration ; she thinks the whole day of dying, and is afraid to lie down, as she may then expire.

Natrum carb.—We will see immediately also in Natr. mur. the characteristic symptom that the mind of the patient varies with the degree of constipation ; in Natr. carb. we find this to be the case during the first period of digestion. During the stomachic digestion the patient is disagreeable, sorrowful, hypochondriac ; he shows aversion to his family ; complains of heaviness and pressure in the stomach ; nausea ; frequent hiccough ; stitches in the hypochondria, in the liver as well as in the spleen ; abundant expulsion of fetid gas ; constipation, but never so marked as in Natr. mur. ; it rather alternates with soft and liquid stools. Vegetables are badly digested.

Natr. mur.—Acid, flat or clammy taste ; loss of appetite ; disgust for food, especially for such as was formerly preferred. After a meal acid eructations with malaise ; swelling, pressure and heat in the epigastric region, radiating upwards to the chest and embarrassing respiration ; all the upper part of the abdomen is affected and sensitive to touch ; the slightest pressure of the clothing is painful. *Obstinate constipation*

with great straining; *mental state troubled; amelioration and exacerbation alternate with the activity or inertia of the bowels.* Melancholy and taciturnity, general lassitude and sensation of soreness all over, especially in the kidneys, arms, and legs, so that he feels hardly able to move, even after resting for a long while. Sleep disturbed and not refreshing; somnolence during the day. Heaviness of the head; loss of memory. The dyspepsia of *Natr. mur.* also shows a certain periodicity in its course.

Nitric acid.—Syphilitic and mercurial cachexia. Sensation of heaviness of the stomach soon after eating, regurgitation and vomiting; but it shows its curative action especially in intestinal dyspepsia. The constipation is painless and lasts several days. The stools are hard, preceded by great pressure and followed by mucous discharges. *Lancinating pains in the rectum after the stool*, lasting for some time afterwards and not dependent on the difficulty of defecation, for they follow also a soft stool. Painful hæmorrhoids, prolapsing with every stool, with loss of blood.

Nux moschata.—Sensation in the stomach as if the ingesta offer on their surface sore-making asperities; nausea, burning and pressure in the stomach; food regurgitates, mixed with thick mucus of a bitter or sour taste; appetite promptly satisfied, but gluttonish in its nature, for the patient bolts his food without mastication. *Excessive flatulence*, enormous bloatedness of the stomach and abdomen, every day after dinner, after every meal, but also from the least contradiction, showing its nervous character, as it is also the case where the gas escapes per vaginam. It acts well in persons who cannot bear a moist, cold atmosphere, are easily affected with rheumatism, or suffer from organic diseases of the heart. Also in persons who have used up their nervous strength, where the nervous weakness is the cause of a great impressionability from the least current of air, who are subject to dental neuralgia, who are sleepy all the time, and who are not refreshed by a good night's sleep. *Nux m.* is frequently indicated during pregnancy.

Nux vom.—We must often use this drug inasmuch as so many patients come to us from allopathic hands, after unreasonable venesections, after abuse of purgatives, emetics, and all sorts of strong medication. For irritable, choleric, sedentary persons with business anxiety, or where the disease follows long watching, after excesses of the table or of work,

after abuse of coffee, of alcoholic beverages, after the abuse of spiced food, immoderate use of tobacco, and finally after keeping up a debauched life, full of venereal excesses. *Aggravation of all the sufferings in the morning.* Stomachic dyspepsia; immediately after eating, fulness and tumefaction of the epigastrium, which is sensitive to pressure, pyrosis, acid eructations, borborygmi, squeezing around the waist, lassitude, nausea with or without vomiting, at first only a desire to vomit; impossibility for any mental exertion, the head dull and painful, confusion of ideas. Sometimes after a meal pain in the epigastrium, with the sensation as if he had stones in the stomach; this pain is mostly limited only to a small spot. Vomiting of food and bile. Taste insipid or sour, bitter. Bad taste in the morning, tongue coated, especially at the root, no appetite or appetite easily satisfied; bread, acids, milk are poorly digested, but all kinds of food causes aggravation. The patient has a desire for alcoholic drinks; sometimes great thirst. Disposition to constipation and to hæmorrhoids; *constipation, with frequent and useless desire to go to stool, with the sensation as if the anus were closed.* Yellow tint, heaviness of the head, vertigo, heat and redness of the face, agitation, hypochondriasis.

Pepsin acts well in the dyspepsia of infants and of convalescents, especially where they have lost a great deal of blood and have been otherwise weakened. In children who in spite of their good appetite remain lean and puny. Diarrhœa, the food passes undigested. Intercurrent with Calc. carb., where there is a great deal of pot-belliedness.

Petroleum.—The dyspepsia always relieved by taking food. Severe pains in the stomach, radiating to the chest, and provoking sweat and nausea. *Diarrhœa during daytime, never at night, with colic before defecation.*

Phenic acid (Acidum carbolic.).—Pale face, œdema, general weakness. Painful digestion, accompanied by pains in the stomach and abdomen. Nausea and vomiting of even the lightest food. Tongue red, thick, slightly coated at the base. Constipation and diarrhœa alternating. Bloody hæmorrhoids, sensitive to the touch, especially in the rectum. Skin constantly damp. Ascarides. Another indication is a chronic bronchitis with hypersecretion.

Phosphorus.—Acute or chronic dyspepsia, but mostly chronic, and symptomatic of a chronic inflammation of the gastro-intestinal mucous membrane. In severe cases it dis-

putes the rank with Arsen., where the lesion has lasted already a long time, and hectic fever with marasmus threatens. Great weakness, earthy color of the face. Sour taste in the mouth. Tongue dry, dotted. Dryness of the throat. After eating, swelling in the epigastric region, sour eructations, pyrosis. Eructations accompanied with great efforts, which moderate after passing off a great deal of wind. Regurgitation of food soon after taking it. Burning in the stomach, relieved by taking some cold water, but the water is soon thrown up again; tympanitis by percussion, especially in the region of the colon transversum and cæcum. Loud borborygmi, tiring one out by their noise. Momentary relief by the passage of wind. Soft, watery stools, without pain. Slight hyperæmia of the liver. Beating of the heart. Heat and congestion of the head. Hectic fever; night-sweats.

Phosphoric acid.—Loss of appetite. Acid eructations soon after eating, even after a little food. Cramps of the stomach. *Watery diarrhœa with borborygmi.* Lientery. *Milky urine.* Copious sweating towards morning. Excessive moral and somatic debility, frequently from old, inward affection, or by the loss of vivifying fluids.

Plumbum.—Intolerable pains in the stomach, pressing, burning, stitching, and tearing. Below the epigastrium tearing, with the sensation as if an abscess would form itself around the navel. External pressure shows no influence, it neither ameliorates nor aggravates the pain. Sour and bilious, greenish and even blackish vomiting. Very hot and fetid eructations. *Stubborn constipation*, with constant desire to go to stool without any result. Stools voluminous, hard, expelled only with great force, and commonly environed with mucus. But chronic relaxation of the bowels is no contra-indication, the discharges are then sanguinolent, yellow, of very bad odor. Urine rare, with painful micturition and vesical tenesmus. Tongue yellow, coated or dry, brown and fissured; lips excoriated. Total loss of appetite, alternating with voracious appetite even after taking a meal. Dysphagia from paralytic weakness of the muscles of deglutition, or spasmodic contraction of the throat and sensation as if a foreign body were in the passage which he could neither swallow nor reject. Beating and burning in the stomach. *Pains of constriction in the stomach, which meet around the navel; abdominal walls hard, contracted; umbilicus sunken in.* Periodical colic, with the abdomen hard, unequal, crimped in certain spots.

Respiration short, oppressed; voice hoarse, or total loss of voice. Abundant expectoration, with yellowish, greenish filaments, running together. Features pale, yellow, earthy. Brown spots on the skin, or ulcerations. Steady chilliness of the hands and feet. Constant horripilations, with gluey sweat. Fetid sweat of the feet. Dry hair, falling off of the hair, of the eyelids and of the beard. Caries of the teeth, which fall out; thick tartar covers the teeth; the enamel is discolored, the gums swollen, of bad color, and tuberosities on their surface.

From such symptoms we may conclude that lead dyspepsia is a severe one. We find such unfortunate dyspeptics among those who survive the numbness and paralytic weakness of the extremities, especially of the right side; the fingers are crooked and paralyzed, and present here and there circumscribed swelling with redness, the emaciation is at its height, the patients become taciturn, discouraged, and loath of life. Plumbum here holds out the last resource.

Podophyllum pelt.—Variable appetite; sometimes none, at other times voracious. Avidity for acids. Putrid taste of the mouth, bad breath, dryness of the mouth and tongue; in the morning the tongue is white. After eating, pyrosis, sour eructations, regurgitation of the aliments, vomiting of the food, and *immediately after vomiting great desire for food.* Constipation, with headache, fulness of the head. Prolapsus recti after every effort of defecation. *Early in the morning and during the morning diarrhœic stools, and then no more during the day.* After the stools extreme weakness; colic before the stools. Abdominal pains from time to time, but transient, and relieved by pressure. Physical and moral depression.

Pulsatilla.—Recent cases, but otherwise the opposite of Nux, as Nux, hot, irritable temper; Puls., sweet, mild, resigned; Nux, constipation; Puls., soft and frequent stools; Nux, epigastric pains most frequent a few hours after a meal; Puls., immediately after eating; Nux, morning aggravation; Puls., evening aggravation. Repugnance to all food, especially to warm dishes. Taste pasty or of spoiled meat, with accumulation of thick mucus in the mouth; bitter or sour eructations, with sour, salty, or bilious vomiting. Tongue coated, with the sensation in the middle of the tongue as if it were on fire. *Complete thirstlessness*; cold water aggravates the suffering. Flatulence. Sorrowfulness. Oppression. Sen-

sation of weakness with sensation of emptiness in the head. Pallor of the face, chilliness, frequently loss of smell. It suits weakly females with irregular menses; fruit is not well digested, and causes painful bloatedness of the stomach. Gross food, pastry, sour wines, cabbage, cause gastric troubles.

Rhus tox. (compare with *China*).—Somnolence, lassitude, and nausea after a meal; bloatedness of the stomach, empty eructations. No appetite, or only for dainties. Tongue dry, and thirst at night. *Great agitation; all his troubles are worse at night.* Stools preceded by colic and nearly always diarrhœic, resembling jelly or containing mucus and blood.

Rumex crispus.—Dryness of the mouth and of the tongue during the night. Sensation of excoriation and of burning of the tongue, which is brown. *Large quantities of dried up mucus in the pharynx.* Bitter taste in the mouth in the morning when awaking. Heaviness of the stomach soon after eating. Tasteless eructations. Nausea. *Lancinating pains in the hollow of the stomach, irradiating to different points, especially forward and to the chest, left side.* The coincidence of the nausea with the pains is the characteristic of *Rumex*. Morning diarrhœa.

Ruta grav.—Laborers who are obliged to raise heavy weights, frequently suffer from eructations after every meal, accompanied by headache. Such a dyspepsia finds its specific in *Ruta*, especially as such subjects also suffer from pruritus of the whole body, as from urticaria. Let us remember that *Ruta* gives us in its pathogenesis pruritus of the whole body, and the symptoms of inflammation of the stomach and of the duodenum.

Sepia.—Dyspepsia with amenorrhœa. *For women of dark complexion with black circles around the eyes, and where the sweat of the axillæ or of the feet exhales a very strong odor.* For persons suffering constantly from headache, and whom nothing relieves but a pain in the stomach. In both sexes, for persons who abstain from vegetables and live exclusively on coarse food, and have always the face full of pimples. *Yellowish color around the mouth, and a yellow streak, like a bridge, over the nose and cheeks.* Hawking up of mucus, especially in the morning, tongue slightly fissured on the surface, a little moist; taste putrid, sour, disgust for nourishment, repugnance to meat, although eating it causes no pain. Disgust for bacon, which gives him diarrhœa, after having provoked acid eructations. Desire for wine and beer, and

especially for vinegar. Pressure in the stomach, as of a stone, especially at night; painful sensation of emptiness in the stomach, with beating in the cavity of the stomach. Severe pains in the stomach, with anguish, palpitations, weakness and fatigue in all extremities. Acid, sour, salty eructations, nausea, sometimes followed by vomiting. Borborygmi. Knotty stools, with desire for stool, but without result, or green diarrhoea of a putrid or sour odor, the latter symptom especially in children. Prolapsus recti. Hæmorrhoidal proidentia. Urine mucous, of bad odor, and leaving in the vessel a crust, hard to be detached. Dyspnœa, oppression, short respiration in walking, going up or even when lying, in the evening and at night; violent palpitations of the heart; chronic catarrh with grayish expectoration, and of a salty taste. Uterine affections, induration of the neck, displacements, periodic migraine, and frequent relapses, with nausea; excess of uric acid in the urine, under the form of a pale pink or red-brown sediment, which adheres firmly to the vessel. Mental state, downcast and given to weeping, susceptibility, disgust of life.

Silicea.—Every morning nausea and vomiting of viscous matter; after eating, bitter taste in the mouth, pressure in the stomach as of a stone, flow of water in the mouth, vomiting. Crude articles are particularly intolerable; constipation, hard stools, difficult to discharge, and crumbling during defecation. Habitual sweat of the feet.

Stannum.—The cardiac pains come at intervals, gradually reach their acme, and then gradually decrease again. In women, copious and weakening leucorrhœa.

Sulphur.—Early in the morning disagreeable taste in the mouth, when first waking up; repugnance to all food; meat and bread are particularly disagreeable; he likes best wine and acids. Pain of pressure and heaviness in the stomach after eating. Suffocation, eructations, nausea, and vomiting of food early in the morning. Regurgitation of food. Swelling of the epigastrium and abdomen; pyrosis, rising from the stomach through the whole œsophagus with the sensation of an irritating body; abundant secretion of limpid saliva. Milk, milky food and sweets are hard to digest; *unusual hunger from 11–12 A.M., or between 10 and 12*. Very painful wind colic. Constant borborygmi, fetid flatus, constipation, hæmorrhoids, slight hepatic hyperæmia. Psoric diathesis. Nervous and irritable temperament, especially after repercussion of chronic eruptions.

Sulphuric acid.—Excessive secretion of gastric mucosities rising up in the mouth, rendering the teeth dull by their acidity; great thirst, dryness of the mouth. Cachectic persons going into steady decline.

Tabacum.—In the 200th potency in pilules. I give it to those poor dyspeptics reduced to the last extremity by the immoderate use of tobacco, and succeeded in curing them. Dry skin, *no or capricious appetite; he does not eat anything; he drinks constantly, and feels only comfortable by drinking liquor.* A dull-gray complexion, not anæmic but rather carcinomatous; emaciation, hectic fever, nausea, vomiting, sometimes violent, pyrosis. Palpitations, intermittent beats of the heart, vertigo; irritability, susceptibility even to *great timidity.* Nervous colics, aggravated at night. Paralysis of the rectum and of the bladder; weakness of the lower extremities; diminution of intelligence.

Taraxacum.—Immoderate desire to sleep after eating; at night frightful dreams, of which he has only a painful impression in the morning; erotic dreams.

Tartar emet.—Bloating of the abdomen with gas, without emission. Colic; empty eructations of a repulsive odor. Violent cough after eating, causing vomiting of food. Continual bitter taste in the mouth; *taste of sulphuretted hydrogen in the afternoon and evening.* Constant nauseous taste; frequent bitter, acid vomiting, especially at night. Dyspepsia from drinking sour wines.

Thymus serpill.—It produces, according to the old school, excessive sweats and excessive secretion of all the mucous membranes. We should think of this drug in persons of soft fibre and of an herpetic diathesis, with slow digestion, abundant sweats, bloatedness from flatulence, and chronic relaxation of the intestines. In paralytic patients and leucorrhœic females.

Veratrum album.—Fruit causes a very painful bloatedness of the stomach.

Vipera torva.—Nausea, vomiting, with vertigo and dyspnoea, syncope, icterus, colliquative diarrhœa, palpitations. Numbness and general lassitude, as after severe diseases, with great losses of blood or too frequent discharges. In the dyspepsia of old people, or for persons precociously senile. A very pronounced spasmodic obstruction of the throat and of the chest is a characteristic indication for *Vipera torva.*—*Bibliothèque Hom.*, March, 1876.

OBSCURITY OF BRAIN DISEASES.

BY C. S. MIDDLETON, M.D., PHILADELPHIA.

(Read before the Homœopathic Medical Society of Pennsylvania.)

DISEASE of the brain as a fact is not always difficult to diagnose, but when we come to inquire into the actual condition existing, or into the causes culminating to produce the effect before us, we then have an extensive field for investigation, in which lie hidden so many secrets that to eliminate clearly the pathological state is a matter of some difficulty, and in some instances altogether impossible.

I do not propose to enter into a dissertation on the various forms of diseases of the brain, as we have within our reachably written works on pathology and diagnosis which treat of the subject fully; but my object is to call attention to a few of those most frequently met with, and to relate a remarkable case which came under my care about two years ago.

When we encounter a man in whom we detect incoherence, irrational and unreasonable converse, we say he is insane, or, in other words, his brain is diseased. He may be subject to violent attacks of frenzy, and become dangerous to himself and to others. Under such circumstances he may be in perfect physical health, while the central organ which presides over all physiological and voluntary functions is in a state of disease; but of its character nothing is known through the researches of pathologists, beyond, in some instances, where capillary congestion of the encephalic mass exists, or a thickening of the membranes.

One of the earliest manifestations of disease of the brain is forgetfulness or loss of memory; but this must apply, however, to a condition where forgetfulness is manifest in a great variety of ways, as numerous instances of the forgetfulness of names, dates, figures, etc., are met with, and those individuals who are so unfortunate as to be thus annoyed would be highly indignant if told they have disease of the brain—and yet, *can* a brain be perfectly healthy when not performing its functions perfectly?

A horse may be taught to perform certain things, and he will never forget them; never forgets a place where he has once been, or a road he has once travelled. Why? Because he has a healthy brain, never has brain disease of a chronic character.

Diseases of the brain are of two kinds, functional and or-

ganic. Functional when we have delirium, some cases of insanity, and some other indefinable or obscure conditions. Organic in some forms of insanity, softening, abscess, tumors, etc.

Now the question arises, how are we to know when we have a case of either character to treat?

Winslow says serious fatal structural diseases of the brain may occasionally be preceded *by no other symptoms than loss of mental power.*

A sudden paralysis of the ideas, or inability to collect one's thoughts for expression, is frequently an indication of serious disease of the brain, organic in its nature. The marked apathy and almost positive silent refusal to answer questions, many times noticeable, is in all probability of this character.

The conditions which we most frequently meet outside of acute affections, such as congestion, meningitis, apoplexy, etc.—to which I do not propose to make further allusion—are softening, abscess, and tumors.

Softening of the brain is of two kinds, the red or inflammatory, partaking of an acute character, and the gray. Red, or acute softening, sometimes follows an attack of severe congestion, inflammation, or apoplexy, the red appearance being caused by extravasated blood.

Incipient signs of softening are generally obscure, often resembling symptoms of congestion,—headache, vertigo, sick stomach, etc.

The history of a case will frequently furnish us with the fact that the brain has been overworked, insomnia has been more or less persistent and long continued, gradual or occasional sudden loss of memory, and, in some instances, a hereditary line of brain diseases.

“But the principal diagnostic symptoms are undoubtedly cephalalgia, more or less persistent and acute in its character; vertigo; affections of the speech (misplacing of words); marked symptoms of paralysis of the palpebræ, face, or of one side of the body, associated with muscular debility; loss of memory; irritability of temper; occasional attacks of epilepsy, and a muddled and confused state of intellect.”

Spirits variable; pupils contracted or dilated; expression on the face of “astonishment, stupor, indifference or imbecility.”

Durand Fardal says that a remarkable and striking symptom frequently observed in acute softening is an increased

secretion from the mouth and eyes. This viscid secretion dries frequently, in old people, and forms crusts on the edge of the eyelids, and an abundant glairy mucus drips from the mouth, or sometimes adheres to the mouth and palate, forming thick, yellow crusts. (I distinctly remember a condition of this kind in an old gentleman who was under my care two or three years since.) If an improvement take place in the cerebral condition the above striking symptoms also improve, but at once return with an aggravation of the disease.

In chronic or white softening, the symptoms are of a less acute character, but none the less persistent. The impairment of the intelligence, application of mind, mobility, derangement of the emotional sense, loss of memory, and imbecility which follow, will lead us to the same conclusion.

Cerebral abscesses and tumors are not always distinguishable during life from the foregoing diseases, the symptoms in many instances being altogether similar.

Abscess, however, runs a course in a much shorter time than most cases of softening. Lebert says few last longer than eight weeks, yet in some cases may continue for months.

The history, in a case of abscess, may reveal the fact that the patient has received a concussion of the brain or an injury to the spine; he has had suppurative chills, abscess of the internal ear or mastoid cells, or that pus had formed in some other and remote part of the body.

In abscess convulsions are apt to appear in the early stage, and paralysis later in the malady. Cephalalgia, mostly sudden in its development, uniform and general, instead of local or intermittent.

"The presence of a tumor in the brain is rendered probable, if in addition to vertigo, to vomiting, or a disposition to vomit, to headache, violent, but paroxysmal and neuralgic, in its character, we find impairment or loss of vision, or, indeed, anæsthesia of any special sense, and epileptiform convulsions, not followed by any greater deterioration of health than previously existed; if, with these signs of cerebral irritation, the intellect is not at first markedly disordered, nor the articulation affected, and if paralyzes do not show themselves until a very long time after headache, and are even then limited to the muscles of the eyeball, or of the face, or to the muscles of the extremities of one side of the body."

The headache in both abscess and tumor is generally local

when compared with that of softening, and much more violent, and intermittent or paroxysmal.

In distinguishing abscess from softening, the history, as already observed, will frequently lead us to the point.

Convulsions succeed much more rapidly, and the effects are more continuous, palsy and drowsiness more prominent, and the case generally runs a shorter course.

In tumor the intelligence remains for a long time intact; motor or sensory disturbances less frequent, but convulsions more so than in softening. The pain in the head is localized, paroxysmal, and neuralgic, and very violent at times.

In separating the similarities of abscess and tumor the most marked differences are, that the history of a case will generally be found to correspond with the fact that, in abscess of the brain the pain in the head is more diffused and constant, convulsions appear sooner, and the stupor and drowsiness are more continuously prominent. In tumor the intellect remains unclouded for a longer time, convulsions longer postponed, the pain is localized, in paroxysms and violent, and paralysis, when present, appears later, and is apt to affect some special sense or set of muscles.

It will be remembered that vertigo, pain in the head more or less severe, either constant or paroxysmal, and sick stomach, are prominent and constant symptoms in disease of the brain.

In softening, the pain is more constant and chronic in character, the mental faculties are affected in the early stage and increase in intensity as the disease progresses. In abscess and tumor the pain is either suddenly developed and general, and often clearly traceable to special causes in the former, while the pain comes on more gradually, is more localized, in paroxysms, and more violent, and followed by paralysis later in the latter.

I call attention to these facts now, for the purpose of comparing some points in the case I shall presently report.

It may not be amiss to add a few signs and symptoms of approaching danger, and of diseases of the brain, applicable to the subject.

“Amnesia always indicates preceding disorders of the brain, especially of the anterior lobes, or very depressed powers. In acute disorders it generally betokens fatal termination, if not instantaneous crisis; in chronic diseases for the most part, it indicates incurability; or, where it occurs suddenly in epileptic or hysterical patients an immediately approaching parox-

ysm. Partial amnesia (forgetfulness of some things), indicates a probable violent but not always permanent effect on the brain."

Hyperæmia—manifested by a heavy, stunned, confused sluggish state of the mind, difficulty of collecting the ideas, etc.—often precedes various acute diseases of the brain, congestion, apoplexy, inflammation, softening, etc.

Apparitions are frequently a forerunner of approaching danger in adults, indicating paralysis, apoplexy, softening, etc., and in children, meningitis and hydrocephalus.

Irregular muscular action may indicate disease of the brain; spasmodic affections of the muscles of the leg or arm sometimes precede paralysis. A tremulous state of the tongue when it is protruded, and at times when kept within the buccal cavity, indicates either softening or paralysis.

Photopsia, or the appearance of luminous phenomena, objects in a state of ignition, or surrounded by a phosphorescent halo, are common incipient symptoms of acute disease of the brain.

As the following case has, I think, some remarkable points and facts, and the final results were so satisfactory, I trust a report of it may be of some value.

Mrs. C., aged 54 years, nervo-bilious or choleric temperament, still married, mother of seven children, health previously good. About four years ago, while adjusting a curtain at the window, fell off a table and fractured one of her ribs against the corner of the range; from this she recovered easily, but not without effusion into the cavity of the chest.

May 26th, 1873, Mrs. C. called on me, complaining of vertigo, pain, and pressure in the vertex, and occasional sick stomach. The vertigo and pressure in the top of the head were pretty constant, but the greatest violence of the attacks would be early in the morning, after having kept her from sleeping until late at night. I should have said that some two or three months previous to the above date I had prescribed for these symptoms, but without benefit. At the visit of which the date is given she informed me she had been taking some medicine from Dr. H. with like results. For these symptoms she received *Bry. alb.*, *Nux vom.*, *Coccul. ind.*, *Con. mac.*, etc., without material benefit.

On June 17th, following, I was summoned to see Mrs. C., at her residence, she no longer being able to leave the house

without attendants, and the risk of being injured in the streets.

I found her in much the same condition, her sufferings increased however. Expression of distress upon her countenance and depression of spirits, but not to a remarkable degree. The functions of the system were in sufficient regularity.

I attended Mrs. C. with varying success; sometimes her sufferings were abated and at others were as bad as ever, until the first week in August, when Dr. Kitchen was called in consultation. The Doctor was of the opinion that the difficulty lay in the brain, but of the character of the condition he was unable to determine. A different class of remedies were tried: Moschus, Ammonium, etc., were prescribed, but without any change. I then continued treatment alone, until the last of September and first of October, when Dr. Hering and Dr. Thomas Moore met me in consultation.

At this time the patient, besides having the terrible distress and pain in the vertex (which sometimes extended to the occiput) most of the time, with the morning aggravation at three or five o'clock, accompanied with violent retching, was greatly reduced in strength, seldom being able to sit up, even in bed.

Appetite almost entirely suppressed. The countenance portrayed great suffering and distress, and the mind, though not idiotic, was in a state of complete apathy and indifference, taking very little or no notice of whatever transpired around her, and answering questions after much delay or not at all; bowels were moved about every second or third day, and about the normal quantity of urine was passed during the twenty-four hours. My prognosis at this stage was unfavorable. I quote from my notes of this consultation:

Wednesday, October 1st, 1873, Mrs. C. got one dose Acid. phos.^{3c}, dry on the tongue.

Placebo in water; next day awakened about the same time (4 o'clock A.M.), with violent pain in the head and nausea. Continued same.

For the following two or three days the headache did not seem to be quite so severe, nor did the aggravation come on quite so early in the day.

October 6th. At this time she has the paroxysms of pain in the head and retching spells, as violently as before. She now got Acid. phos.^{5c}, one dose, and *placebo* in water as be-

fore. As no perceptible improvement took place I dissolved some pellets of Acid. phos.^{5c} in water, and gave a dose at intervals of four hours. She seems to grow gradually worse, as she has done many times before, when I had hoped from a change of medicine to produce favorable results. Awakens at 3 and 4 o'clock A.M. with the violent pain in the head, nausea, and vomiting. The headache lasts all day without as much abatement as formerly. Discontinue medicine in water and give *placebo*. No relief.

October 10th. A messenger came to the office this morning, before I had arisen, for medicine to relieve Mrs. C.'s head. I sent Odo magnetic saccharum lactis. When I made my visit, at the usual time, the family reported that the medicine seemed to give partial relief.

After waiting a day or two, again tried Acid. phos.^{5c}, in water; but no improvement, the patient growing gradually worse.

October 14th. Discontinue Acid. phos. and give Odo sach. lac., followed by *placebo*.

October 16th. Mental condition is the same; patient now passes the urine involuntarily. She is suffering very greatly with pain in her head. Awakened at three o'clock this morning; does not answer all my questions. Gave one dose of Amm. carb.^{5c}; *placebo*, in water.

October 17th. Not any better to-day; awakened as early with violent pain and retching. Dissolved Amm. carb.^{1m}, in water; dose four hours apart.

October 18th. Mrs. C. had pain in the head all day yesterday, but did not awaken until five o'clock this A.M. Found her propped up a little in bed; answered my questions a little more freely. Continue Amm. carb.^{1m} in water less frequently.

The following day she was as low as before.

The next ten days would be but a repetition of the foregoing. No improvement.

I had been in frequent consultation with Dr. Hering at his office, and the prescriptions for the month had been made at his direction. As Phosphoric acid seemed to be so well adapted to her mental condition, I suggested its use in a much lower form, but as the patient had taken lower potencies, among them Phosphorus, without material benefit, he discouraged the use of it.

October 31st (Friday). Mrs. C. is in same condition as last report, growing gradually worse. I now resolved, on my own

responsibility, to give her Phos. acid. xi, about half a drachm in a glass half-full of water, giving one teaspoonful at intervals of two to four hours.

November 1st. Patient remained same until afternoon of to-day, when she manifested some indications of improvement; the pain in her head began to subside and she seemed brighter.

November 2d. Patient slept *soundly* last night, *but arose frequently, without assistance, and passed large quantities of urine.* When she awakened this morning, at a late hour, she seemed in another world; the cloud had disappeared; her head is free from pain; had no retching, and she has walked part way across the room, something she had not done for more than a month.

All her symptoms now rapidly gave way and she became the object of delight and congratulations to all her family. Her strength soon returned sufficiently for her to go riding and walking, and she is now, at this date, quite well.

I should say, however, that occasionally her ambition has caused her to get a little run down, and I have had to prescribe for her. Once a diarrhœa occurred, which was characteristic of Phos. acid, which being prescribed cured her at once. I have not had occasion to prescribe for this patient more than once or twice during the past year, and when medicine is needed, Phos. acid seems to be the remedy, and I always use it low.

A singular feature in the above case is the fact that the eyesight was so much improved as to enable the patient to see distinctly without glasses, which she had used for years.

Now it is interesting to ask the question, what was the condition existing? I was unable to gain any light from the counsel in the case; to say the least, it was obscure. It may be easy enough to say what the disease was not.

The possibility of congestion lasting so long without some such result as inflammation, apoplexy, paralysis, etc., seems improbable, and then the symptoms were not sufficiently indicative of congestion. The evidences of softening were not present; there was no aberration or imbecility, only indifference and apathy, no fits or paralysis; it could not have been abscess, neither tumor, although the pain was paroxysmal. Indeed, was it organic at all? And yet, if the condition *were* only functional, that disturbance was sufficient to have caused death without much longer delay, had she not found relief from the Phos. acid.

But what was most remarkable in the end was the miraculously rapid recovery—we may say in little more than twenty-four hours—from a condition, either functional or organic,(?) that had resisted treatment for seven or eight months, and in which death was slowly but surely approaching.

HAY FEVER, OR SUMMER CATARRH.

BY JOHN E. JAMES, M.D., PHILADELPHIA.

(Read before the Homœopathic Medical Society of Pennsylvania.)

HAY fever, hay asthma, or summer catarrh as it is frequently called, is a disease much more common in England than in this country, and is doubtless owing to the excess of dampness in that climate; yet, in consequence of its rapid increase in our own land, demands of us some more practical attention than it has received.

From researches into its causes, it has been pretty thoroughly demonstrated to arise from the pollen of certain flowers and grasses being inhaled by persons with a supposed idiosyncrasy of constitution favoring its development.

While I favor this theory (as opposed to that of its purely nervous origin), I have one patient living in this city, who was afflicted with this disease for at least two summers, while she was confined to her bed and had not left her room at all for three or four years, and with no known means of renewing the attack. It attacks the patient either in June, and is then often called the “rose cold,” or else, as much more frequently occurs, about the middle of August, the time for the gathering of the second crop of hay, and returns each year at the same time with the regularity of clock-work. It is quite as common in the cities as in the rural districts, presumably because of the exceeding lightness of the pollen and its easy carriage by the wind. Without discussing the causes further, I will mention an opinion, formed from observing quite a number of cases, the above being an example, that it does not require a fresh inhalation of the pollen each year, but that it is the nature of the poison instilled to have its regularity of recurrence, which unfortunately for those afflicted is every twelve months. While the nature of the poison is different from the miasma causing intermittent fever, yet some of the symptoms occurring in both diseases are similar, as the periodicity of the attacks, they being nearly similar symptoms of dif-

ferent diseases produced by dissimilar causes; and as the chill will return at its own interval without fresh influence of miasma, so will this so-called catarrh return every twelve months without fresh contact with the exciting cause.

The treatments given for this distressing malady have been very various. Quinia sulph. internally, and by snuffing up the nose, has been highly recommended, but with very varied success; and even less has been the success of nearly every other remedy. Recently I observed a report of two or three cases relieved while they wore amber beads around the neck. The removal to other climates, as from country to city, or to the seashore, or to a high mountain region (the last probably the best), all afford a *relief* from the attack that summer during their stay at these places, but so many cannot go to such places that we must find some remedy to *cure* it at home. I believe we have it in one of our common remedies, Arsenicum 2 or 3. It has, in my hands, *cured effectually* several cases. The symptoms are so well known that I need hardly give them here, viz., coryza, sneezing, conjunctivitis, hacking cough, oppressed breathing, attacks of asthma at night, and sensitiveness to cold air, etc.

I have not made any difference in my prescriptions, whether the asthmatic symptoms were excessive or not; my experience has been that Ars. 2 or 3, given every four hours, has shortened the attack. The first season I gave it about half the time, the second season for about a week, and the third season for a day or two, and the catarrh did not recur. These cases were all of long standing when they came under my care. I would suggest that Ars. be given a full trial by all, for in it, I believe, we have the cure for this distressing malady.

TWO CASES OF TRANSFUSION.

BY J. H. BUFFUM, M.D., PITTSBURG, PA.

(Read before the Homœopathic Medical Society of Pennsylvania.)

TRANSFUSION of blood has again come prominently before the profession after a long period of disuse. Wherever it has been attempted the result has occupied the attention of both the laity and the profession. It is a difficult matter as yet to state what benefit is to be derived from the transfusion of blood, as the cases on which the operation is practiced are hopeless ones, and in which it is attempted only as a last re-

sort. The operation itself is not a difficult one, and if oftener undertaken we should be much more able to determine its remedial qualities. The operation has been performed but four times in this city; of these two are here reported. The other two were performed by prominent members of the old school; one in a case of phthisis pulmonalis, in which death resulted within three days after the operation, and the second in a case of paralysis, the patient dying within forty-eight hours. The remaining two cases, being those here related, were patients suffering from undoubted phthisis pulmonalis. The following is a record of the cases:

CASE I.—Mrs. F., æt 22, February 11th, has had a bad cough all winter, following an attack of typhoid fever; has applied to a number of physicians. An examination revealed loud bubbling in the bronchi, the respiratory murmur absent in the apices of lungs, with dulness on percussion. Consumption hereditary. Has hectic fever in the afternoon and profuse night-sweats; no appetite and tendency to diarrhœa; cough loose; expectoration thick, yellow, and heavy, containing yellow elastic fibres. During the first ten days of treatment she received Bry.³⁰ and Tart. em.²⁰⁰, which relieved many of her symptoms and improved her appetite. She continued doing moderately well until March 6th, when diarrhœa set in, which was partially controlled by Ars.¹² and Lachesis³⁰.

March 13th. Bowels regular; sleeps well, and feels stronger; pulse still 120 and compressible.

March 19th. Has continued about the same; cough loose, and not exhausting. The general condition of the patient has improved, and if she can live through the month of April her life may be prolonged for months yet. Thinking that transfusion might enable her to pass through the unsettled weather, I proposed the operation, and the proposition was immediately accepted. Dr. J. H. McClelland was called in consultation, and it was decided to try the operation, as the patient was strongly in favor of it. We had first proposed to take the blood from the vein of her brother, a robust young man, but thinking we should have command of a larger supply by using a lamb, the latter was finally decided upon.

March 23d. A finely bred yearling lamb having been obtained, with a number of our colleagues who desired to witness the operation we prepared for the performance of the task. The lamb, securely bound, was placed upon a table of proper height, the wool sheared from the neck, and an in-

cision made in the line of the carotid artery, and the vessel raised upon a probe ready for opening. The basilar vein in the patient was similarly prepared. The block-tin tubes which are inserted into the bloodvessels, together with the elastic propellers, in the meantime being allowed to remain in a solution of sixty grains of bicarbonate of soda to the quart of distilled water, which has been kept during the time at a temperature of 99° F. The tin tubes filled with the solution to expel the air are corked at one end, and the other introduced into the artery or vein through a longitudinal incision therein. The propeller is first connected with the tube in the artery of the sheep, and as soon as the solution has been expelled by the incoming blood, the connection was made with the tube already in the vein, and the blood immediately began to pass from the sheep to the patient. The blood was introduced as fast as the vein was enabled to carry it away, until between four and six ounces of blood were thus transferred from the lamb to the patient. The tubes were removed, and the wound on the patient closed with a piece of plaster. The carotid in the lamb was ligated with carbolized catgut, and the wound closed with wire sutures. The lamb made an excellent recovery.

The record of the condition of the patient during the operation was as follows: Pulse at beginning 125, somewhat increased by the excitement attendant upon the operation. The pulse fell gradually during the transfusion to 90, and became fuller and stronger. The patient experienced no inconvenience whatever, and expressed herself as much pleased with the operation. Three hours afterwards she ate a good meal with relish, and said she felt much stronger and more comfortable. Everything seemed favorable in the case until March 29th, six days after the operation, when she complained of violent pains in chest, which were evidently pleuritic. The remedies afforded no relief, the pains grew more severe, and the patient began to sink rapidly. To allay the suffering, morphia in one-eighth of a grain doses were prescribed, but with only partial relief of pain. The patient died at 5 A.M. on the eighth day after the operation. A post mortem was denied me, but I felt satisfied that the immediate cause of death in this case was pyothorax, with pleuritis, from the rupture of an abscess in the lung-tissue into the pleural cavity of left chest.

CASE II.—Mrs. P., æt. 46, has always had lung trouble;

was cured of a bad cough of years' standing by Pulsatilla^{1m} two years ago, and continued well until last February, when, after an aborted attack of typhoid fever, she again began to cough, and rapidly lost flesh. Pulse 108, and weak; night-sweats not prominent, but bowels loose and often diarrhœic. The indicated remedies, except Kali carb., 30th trit., seemed to do her no good.

April 14th. Pulse 120, very weak; unable to rise in bed; no appetite; excessive thirst; cough severe, and expectoration profuse, and mostly pus, with shreds of lung-tissue; patient very much emaciated. She desired to have the operation of transfusion performed on her, but her condition was so low I tried to dissuade her from it, as I thought it probable she would die during the operation. I agreed to bring Dr. McClelland in consultation on my next visit, and if it was considered advisable we would perform the operation immediately. On examination of her case it was thought advisable to allow the husband to procure a sheep, and if the patient did not die in the meantime we would transfuse.

April 16. The operation was performed in the manner already described, and about five ounces of blood were transfused into the patient. Considerable difficulty was experienced in introducing and retaining the tube in the vein of the patient, and at the close of the operation the tube slipping from the vein, about half an ounce of blood was forced into the surrounding cellular tissue, where it remained. The pulse during the operation fell to 96, and the patient slept for two hours afterwards. She received Arsenicum¹² during the two succeeding days. On the 18th instant she had an attack of diarrhœa, and passed her food undigested. China failing to relieve, Lycopodium³⁰ was given with a good result. On the 20th instant erysipelas, extending from the arm on to the chest, supervened. Bell. and Lachesis, however, relieved; and on May 1st I was summoned in haste, with the information that the jaws of the patient had become suddenly set. I found the patient unable to open her mouth in the least, and also feeling very weak. I immediately examined the arm, which had apparently healed after the operation, and found some discoloration around the wound. I detected fluctuation, and on making a free incision a quantity of bad-smelling pus was discharged. Arsenicum³⁰ was prescribed, and a few hours afterwards her condition was improved. She again improved for several days, when I was sent for, as my patient was sup-

posed to be dying. I found her as I thought in a moribund condition. Opium, however, was indicated by some of her symptoms, so I left some powders of Morphia, 1st trit. She began to improve immediately, and the next morning was much better. Her treatment afterwards was mainly with Bryonia³⁰ and Kali carb.²⁰⁰. The cough gradually disappeared, the appetite improved, and the patient gained in flesh and strength. By the middle of July she was able to be driven out to the country. She now weighs one hundred and fifteen pounds, and is able to do her housework; has no cough, unless exposing herself to cold or wet, which is relieved by the remedies indicated.

A LETTER FROM NEW YORK.

MANHATTANVILLE, 7th month, 12th day, 1876.

DEAR HAHNEMANNIAN.

Now, don't get wrathful. I acknowledge Philadelphia as the City of Brotherly Love, the Centennial City, the bed of liberty (you know the cradle is at the hub of the universe), to be a great city, and I also know how you honored yourselves by honoring the return of the semi-centennial doctorial birthday of good old Father Hering, and furthermore we all firmly believe that he above all other homœopathic doctors is a host in himself, and might therefore easily be counted for two, but still we had in that same month of March, here in Manhattanville, two live doctors, who held their diploma for full fifty years, and we did honor them by a grand supper (which one of them paid for), and by making them *Doctores Medicinæ, Chirurgiæ et Artes Obstetriciæ de novo*. It is called *honores causa*, and so far all right, inasmuch as deponent would not vouch that these young-old doctors could stand the *examen rigorosum* of our new-fledged students who for the first time in their lives enjoy the pleasure of signing themselves M.D. And what different explanations such a cabalistic sign allows. To the young beginner, M.D. might mean "empty," and it is well enough if it is only empty in pocket and not also in the upper story. By and by that young, hard-working physician has perchance the bad luck to lose an interesting case, and when gossip rumors about some young man who should have studied a little longer without committing downright murder, he is again justified to sign himself M.D., for

he is as mad as a dog. Well enough for him, if that M.D. means "mighty dry;" if he thirsts for knowledge and for improvement, and spends his earnings in enlarging his library; for books are after all the tools with which the true physician works. Still it is a sorry truth that there are so many physicians to whom M.D. means mule driver, routine practice, and as long as they make their living or perhaps a little more, they are satisfied with driving their mules (patients), and by a little blarney they keep them well in hand and free from kicking.

Hering, Gray, Hallock, are men of fifty years' practice, and although our two New York physicians can look back with just pride to a life well spent, still will not the little monitor within them accuse them of great neglect of the profession? Can their life be compared with that of Hering, whose whole life is a constant outpouring on the altar of medical art and science, and who knows no greater pleasure than to instruct young and old? Fifty years' practice means experience gained by the hard road of daily practice; fifty years' practice also means that the shades of night are approaching, and is it not the duty of these old men to aid their younger brethren by their experience? Many a time has this request been uttered, and how few of these old men have responded to the prayers.

As there has been a little smoke about that college hospital in your city of brotherly love, and everybody really wondered at that smoke, for Philadelphians are well known to keep not only their sidewalks clean but also scrupulously clean the interior of their buildings, we did not wonder that so many of the graduates of the Philadelphia college applied for admission as internes in our Ward's Island Hospital, and if they bring nothing else home, they will learn on that little island how to keep even a hospital as tidy as any private dwelling. All honor to those young men, Drs. Williamson, Mifflin, Bishop and Earle who now labor as internes in our hospital. Our old ones, Drs. Sullivan, Nichols, Macfarlan and Madden did their duties so faithfully that we really feared the change, inasmuch as our hospital is still on trial, as it were; but the faculty of the Homœopathic College of Philadelphia deserves our thanks for the thoroughness of their instruction, and we feel now perfectly assured that with such assistants, to whom may be added Dr. Decker, of New York, and Dr. Hale, of Boston, our hospital will steadily march on to success materially as well as scientifically. A publication of the neatly

kept records of the hospital would perhaps be interesting, but it is better to wait a year or so yet, and then add one more laurel by publishing from our daily examinations the physical signs for the remedies employed in the various diseases of the respiratory organs. Just here hospitals are of immense value, and these clinical verifications will even prove to our adversaries that homœopathy and scientific research go hand in hand; in fact that they only supplement one another.

Vale till we meet again.

THE HAHNEMANN CLUB OF PHILADELPHIA.

EPITHELIOMA AND ITS THERAPEUTICS.—CASE 1. I had a case of this disease located near the left ala of the nose, as large as the small finger-nail, with a surface underneath the growth which was much larger in size than the space occupied by the epithelioma; this was red with white spots on the inflamed surface. The growth had a hard, bony formation on the surface, which would come off and reform and then fall off again. Have given *Lapis alba*⁶ with benefit, also *Lachesis*, *Conium* and *Hepar* successively, but it is not yet quite cured.

CASE 2. Fungous growth two inches in diameter and two inches below the groin and directly over the femoral artery; dark and purple and has a cauliflower appearance; no pain; is not deeply attached, and is movable when taken hold of with the fingers. The patient is otherwise healthy. It commenced with a congenital mole, which the man tore off with his finger-nail, and since that time (three months) this formation has resulted. Prescribed *Thuja*²⁰⁰. Not yet cured.—M. M. WALKER, M.D.

In three cases of epithelioma which I had, and in which remedies failed to cause absorption, I removed the formation by Chromic acid locally applied. The resulting inflammation was considerable, but they sloughed away quickly, and left a nice rapidly healing surface beneath, and no return of the disease has been visible either at the point operated upon or any other part since.—JOHN E. JAMES, M.D.

Kali bich. has indications for these growths, and is a remedy that should be studied with them.—A. KORNDORFER, M.D.

When these epithelioma ulcerate and the surrounding parts

are inflamed, I am in the habit of using the milk-weed juice (*Asclepias incarnata*) locally, when this plant is in season. I have removed several in this way during the past summer. Warts can be removed in the same way frequently, but the best and quickest mode of removing these formations is the knife. If a sufficient amount of the surrounding tissue is removed they seldom return.—B. W. JAMES, M.D.

CONSTIPATION OF THE BOWELS IN INFANTS.—Bran-cracker boiled and made into victuals, with or without milk, and fed to the infant, is a favorite remedy with me. Sulph.³, given night and morning, will cure most cases that have no other symptoms indicating other remedies. One great source of constipation in newborn babes is to be found in unreliable nurses. All the time the nurse has charge the baby sleeps well, and is pronounced "a splendid baby," "so good," etc., and nearly all this time it has obstinate constipation; but as soon as the nurse leaves the child gets cross and fretful, and will not sleep at night. Generally in such cases when you come to trace out the cause, you find that the nurse has been surreptitiously administering opium in some shape or other all the time. I enter my protest against such nurses, and claim that educated and conscientious nurses would prevent much of such constipation. For constipation in adults consult Hydras., Phyt. and Verat.—R. J. McCLATCHEY, M.D.

In addition to the properly selected homœopathic remedy adapted to the case, I would suggest oatmeal diet for the child when constipated.—A. KORNDORFER, M.D.

I have cured many cases by giving Lycop.³ at night, and Sulph.³ in the morning. In some cases I give bran-water to the infant and feed the mother on bran-bread.—J. G. HOWARD, M.D.

I would suggest the use of pure cream. Also in cases where the disease is due to a poor quality of the mother's milk, the constipation is removed by feeding the mother on more nourishing food, and especially plenty of cream.—P. DUDLEY, M.D.

CHRONIC DIARRHŒA.—For chronic diarrhœa of adults, especially if of a malarial origin, Ferrum acet. 1st or 2d trituration is an admirable remedy.—J. E. JAMES, M.D.

I would call attention to the fact that the lime-leafed sage,

which grows wild in Mexico, is reputed to be valuable for chronic diarrhoea.—M. M. WALKER, M.D.

NASAL CATARRH.—For nasal catarrh or the offensive scrofulous form of nasal catarrh, one remedy to be thought of is *Therid cur.*³⁰. In a recent case it acted admirably in my hands.—A. KORNDORFER; M.D.

I have had quite an extensive experience in the treatment of chronic nasal catarrh, and confess that it has not been a very satisfactory one, either to my patients or myself. When I hear of chronic nasal catarrh being cured so readily by a single remedy, and with a beautiful sweeping away of the symptoms, I don't know whether to accuse myself of stupidity or the relator of uttering false statements. My most reliable remedies are *Argentum nit.*, *Kali bich.*, *Lachesis*, *Zincum met.*, *Teucrium* and *Natrum arsen.* The last-named drug (*Natr. ars.*) I have been using somewhat empirically for the past four or five years, and with excellent results in chronic catarrh of the air-passages, bronchial, laryngeal and nasal, sore throats, with great soreness and smarting, and intense redness of the fauces, and for incipient phthisis. This remedy has been extensively and elaborately proven by Pittsburg and Alleghany physicians and their students, under the direction of Dr. J. F. Cooper, of Alleghany, and this proving, when completed, or a résumé, if the day-books should be too lengthy for publication in the journal, will be given to the profession through the *Hahnemannian Monthly*. Dr. Cooper, in writing to me a short time ago, gave me a brief account of some of the principal effects of the drug, which I now communicate, premising the statement that I have cured with the remedy just such conditions as are here described. He writes as follows:

"The minds of the provers who were most seriously affected by the drug were so influenced at the time as to permit of their making but a very imperfect record of symptoms, leaving out symptoms known since to be producible by the drug. More provings will be required, and the record kept by some other person than the one taking the medicine. I have above seventy-five pages of record, taken from three provers since the October meeting, who had taken the drug before that time, the first time making their own record.

"When the first record was found to be lame, I thought to send you one of the last, but find some difficulty in getting the free consent of the parties interested in it.

"In the proving of this medicine, the eyes are affected early; the recollection is also soon impaired; swelling and puffiness of the whole orbital region; a congested condition of the vessels of the conjunctiva; severe supraorbital headache; extremely sore-looking tonsils, uvula, and soft palate.

"The parts named being œdematous, pitted, and a yellowish, or rather yellowish-gray, tenacious matter seen to occupy the pits, and to more or less cover the œdematous parts. Swallowing seems to give but a moderate degree of and for the most part scarcely any pain, which seems strange for so sore a looking throat. The nose, at first obstructed, gradually begins to discharge, at first a watery and after a time a yellowish mucus. An annoying hawking sets in with the appearance of the œdema about the throat, and continues as long as the drug symptoms last. A teasing, hacking cough, worst in the warm room, and perfectly dry, and also worse in the morning. Pain in the chest behind the upper third of the sternum, with soreness to press upon or on percussing the part. Sticking or rather stitching pains near the junction of the ribs and cartilages, from the fourth to the seventh ribs, on either side of the chest. Percussion-sound comparatively clear all over the chest, but the usual respiratory sounds feeble, and in one of the provers for a time not to be heard in any part of the chest on applying the ear to its walls. Tenderness and fulness of the abdomen; the tenderness worse in the epigastric region. The bowels at times loose, and at others comparatively natural. More than the usual amount of gas passed off from time to time."—R. J. McCLATCHEY, M.D.

ALBANY (N. Y.) COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

A REGULAR quarterly meeting of the Homœopathic Medical Society of Albany County was held Monday evening, July 10th, at the Homœopathic Hospital.

Drs. J. J. Peckham and William H. Vanderzee were elected members of the Society.

Dr. Paine read a statement having reference to the Homœopathic Asylum for the Insane at Middletown. The following is an abstract:

"The sixth annual meeting of the Board of Trustees of the State Homœopathic Asylum for the Insane was held June

15th, 1876. The asylum is located at Middletown, Orange County. It has been open for the reception of patients two years. The original plan embraces five separate buildings, affording an aggregate capacity for the accommodation of six hundred patients. Only the central or administrative building has been occupied thus far by patients. The first of the four pavilion buildings adjoining has been completed, and on June 19th was opened for the reception of male patients. It is capable of accommodating one hundred and thirty patients. The removal of all the male patients from the central building furnishes room for twenty additional female patients. The administrative building was originally intended for the occupancy of the officers of the asylum and of convalescent patients. On account of the pressing demand for admission two years ago a few were admitted. The number of applications for admittance increased so rapidly that every available portion of space was soon occupied. On account of the overcrowded apartments, a very important feature required in the successful treatment of the insane, viz., their proper and judicious classification, of necessity had to be almost entirely set aside. At one time, only a few weeks since, ninety-six patients were crowded into a building designed to accommodate only forty or fifty convalescent cases. Notwithstanding the detriment to convalescent patients and those suffering from the milder forms of insanity, by contact with violent cases, the ratio of cures to the number admitted has been very satisfactory. Of two hundred and twenty-three admitted *sixty-four* have been discharged cured; a percentage of 28.70. Seventeen patients have been discharged *improved*; a percentage of 7.62. Forty-nine have been discharged *unimproved*; a percentage of 21.97. This large percentage of unimproved cases has, of necessity, resulted from the admission, *for trial*, of an unusually large proportion of chronic cases. Eighteen patients have died at our asylum within the past two years; a percentage of 8.07. Seventy-five patients were under treatment at the asylum on the 19th of June. Eleven of them were so far restored as to warrant dismissal in a few weeks. The method of medical treatment employed is homœopathic. In not a single instance has there been administered in appreciable doses either morphine, chloral, bromide of potassium, or any of the so-called narcotic remedies."

The following resolutions, offered by Dr. Milbank, were unanimously adopted:

WHEREAS, Strenuous efforts have been made during the past few years to enact a law creating a State Board of Health, worded so as to provide for the appointment in said board of allopathic physicians only; and

WHEREAS, No good reason exists why the control of all sanitary affairs of the State should be intrusted to one school of physicians to the exclusion and detriment of another; and

WHEREAS, Such exclusive control or system thereby indirectly establishes a monopoly in medicine; therefore

Resolved, That while we earnestly advocate the enactment of such sanitary measures as have for their end the prevention of disease and the lengthening of human life, we urgently protest against the passage of any health bill providing for the appointment of medical men which does not recognize an equal numerical representation by name of the two dominant systems of medical practice.

Resolved, That we cordially assent to and respectfully request the passage by the next State Legislature of a law securing equal representation from both the allopathic and homœopathic schools of medicine.

Resolved, That copies of these resolutions be forwarded to State officers, members of the legislature, officers of State and county medical societies, and their legislative committees; also to the committee on legislation of the American Institute of Homœopathy.

Dr. Waldo spoke of the importance of establishing a system of recording and publicly announcing the presence and location of several of the more frequent acute diseases. He said:

"It is well known that a thorough system of meteorological observations is established throughout the entire country, and carried on by the Signal Service Bureau at Washington. Atmospheric changes taking place in all parts of the country are clearly indicated by this organization with remarkable foresight. It is also well known that many of the more violent and fatal diseases prevailing at certain seasons of the year appear in connection with, if not as a direct result of, certain peculiar conditions of the atmosphere. It follows that the announcement of the prevalence of the more frequent acute and epidemic diseases throughout the country would prove of very great advantage. (1.) By promptly furnishing reliable information concerning the presence and extent of epidemic zymotic diseases; giving timely warning of their approach, thereby allaying needless alarm, and enabling those who may be peculiarly susceptible to avoid unnecessary exposure. (2.) By affording opportunity to those who make these diseases a special study the better to determine their causes and the laws which govern them, to more accurately announce their probable approach, duration and intensity, and furnish information regarding precautionary measures to be adopted for escaping their influence."

On motion, Drs. Paine, C. E. Jones, Waldo, and Vanderzee were appointed a committee to prepare a blank form, similar to that recommended by the Massachusetts State Board of Health, as published in its last report, for the weekly registration of a few of the more common zymotic diseases. The Secretary was instructed to publish and distribute the blanks to physicians in Albany and adjacent counties, at the expense of the Society.

Dr. Paine read a history of the introduction and progress of Homœopathy in Albany and vicinity. The following extracts are of general interest :

"In the past forty years thirty-nine homœopathic physicians have resided in the city of Albany. Of this number thirteen commenced practice prior to the year 1850. They may be very properly considered the pioneers of the homœopathic profession. Seven of these are known to be living, and all of the seven are fulfilling ordinary professional duties. Their names are: Drs. J. M. Ward, C. H. Skiff, Henry D. Paine, E. Darwin Jones, David Springsteed, Horace M. Paine, and Harmon Swits, of Schenectady. Of the whole thirty-nine, thirty-three are supposed to be living, and at the present time engaged in practice.

"The Homœopathic Medical Society of Albany County was organized in 1860. Its list of members contains the names of thirty-seven homœopathic physicians. It is not known that a single death has occurred among its membership since the formation of the Society; all are believed to be endeavoring to promote in their respective localities the advancement of the benign system of medical treatment which they have adopted. Seventeen members of the Society reside in Albany, one in East Albany, one in West Troy, two in Cohoes, one in Schenectady, one in Berne, and one in New Scotland. Eight of the thirty-seven came to Albany mainly to fill appointments to positions in the Homœopathic Hospital and Dispensary. Of this number, all except the present incumbent have removed, on the expiration of their terms of service at the hospital, to other eligible locations. Thirteen members have removed beyond the jurisdiction of the Society."

The following resolution, offered by Dr. Milbank, was adopted :

Resolved, That the recent appointment by the trustees of the hospital, of Dr. Herman Bendell to the charge of the Department of Ophthalmic and Aural Surgery in the Homœopathic Hospital and Dispensary, meets our cordial approval, and we recommend the early completion of such arrangements as shall best promote the efficiency and success of this important department.

H. E. MILBANK,
Secretary and Treasurer.

MATERIA MEDICA AS A SCIENCE.

WE herewith present a brief abstract of the remarks made by Dr. J. P. Dake, who was appointed a special debater at

the World's Homœopathic Convention, upon the subject of Dr. Hering's essay. (*Editor H. M.*)

He began by saying that upon the question whether the *Materia Medica* as now existing can be considered a *science*, he felt compelled to assume the negative; while upon the question whether it could ever *become* a science, he was ready to maintain the affirmative.

After a very elaborate definition of the term science, showing that no branch of study could claim its application without, first, correctly ascertained data from which to reason, and second, correct modes of drawing conclusions from them, he went on to show the character of the data presented in the old-school works on *Materia Medica*, like Pereira's, and to conclude that they had not the necessary data to entitle them to be called scientific.

He then presented specimens from the latest works on the homœopathic *Materia Medica*, showing that while the data there presented were much superior to those of the old school, they were yet very impure, not worthy of being considered the basis and building material of a science.

He showed the defective character of provings even lately made by learned men in the profession; maintaining, however, that the modes of classifying the data furnished, and of applying them in practice, were correct.

His argument went to prove that the homœopathic *Materia Medica* failed to reach the position of a science on account of the insufficient provings of drugs, and the consequent imperfect character of the results or drug symptoms.

His concluding argument was to show that the data of a scientific *Materia Medica* must be pathogenetic facts and not fancies, not as to drug action in one person but in many—so many that it would be safe to infer that such action would take place in the majority or general run of the human family under like circumstances.

He contended that not only the science but also the art of healing must have the uniform and not the exceptional effects of drugs as a basis.

He likened the symptoms in a scientific *Materia Medica* to the logarithms of mathematics, not applicable in one calculation alone, but in all calculations having corresponding numbers; not applicable to one patient alone, but to all patients having similar symptoms.

And he contended for the same care and exactitude in

gathering the data of medicinal as of chemical or mechanical science; the work to be accomplished primarily, not in the busy workshops of everyday life, but in the more retired and exactly-governed laboratories of skilled observers.

MEDICAL AND SURGICAL EXTRACTS.

TO OPEN AN ABSCESS WITHOUT PAIN.—Dr. Bergonzini reports, in the *Rivista Clin. de Bologna*, that if the following solution be applied to the skin over an abscess for three to five minutes, an incision may be made into it without pain: Carbolic acid, two parts; glycerin, one part.

BELLADONNA IN OPIUM POISONING.—The *Med. and Surgical Reporter* publishes the following case furnished by Dr. L. R. Chase:

A patient having swallowed an excessive dose of morphia, when first seen by the doctor was in violent convulsions, the pupils contracted to little more than a pin's point; the breathing peculiar to the last state of opium poisoning. He was pulseless; the surface cold, and the jaws closed, as in the rigor of death.

No reasonable hope of success presented. He had eaten nothing since early morning, hence his stomach neither indicated tubes, nor could it be reached by diluents.

Active friction was at once instituted, cold applied to the head, and Belladonna administered as freely as the set jaws would permit. We were able to force into the system, by absorption, a number of drachms of a strong tincture, and, after a time, to introduce some into the stomach by deglutition.

In about thirty minutes the pulse became perceptible at the wrist; the body began to grow warm, and the pupils to dilate. In an hour the convulsions ceased, and he could swallow unaided. In two hours consciousness was so far restored that he could speak, and the danger was past.

I hardly dare give the quantity of Belladonna administered. It was almost incredible. The desperation of the case rendered any means justifiable, hence the result was the only thing considered. The patient fully recovered, although greatly debilitated for many days.

The preparation given was from the following formula:

R. Ext. Belladonna alc.,	. . . . .	10 drachms.
Proof Spirit,	. . . . .	1 pint.—M.
Mac. 14 days, and filter.		

"DOMESTIC MEDICINE."

EDITOR HAHNEMANNIAN MONTHLY.

DEAR SIR: The editor of the *American Journal of Homœopathic Materia Medica*, in an article in the June number, page 395, opposes most strenuously the "domestic physician" of the present day, and sighs for "ye olden time" when the priest and physician were looked up to with awe and veneration by the ignorant laity who worshipped, or at least revered, the man more on account of the mysteries appertaining to his profession than the knowledge or worth of the *Æsculapian* pretender.

The days of obscurity are fast passing away, and the generation of the nineteenth century is not to be hoodwinked by priestcraft or quackery. Intelligent men and women are acquiring more or less familiarity with medical matters. What housekeeper of allopathic proclivities would think her home complete without her drug closet, stowing away in some convenient corner bottles of castor oil, magnesia, etc.? This same lady when convinced of the efficacy of homœopathy, and observing with delight the speedily curative power of "sugar pills," at once determines to possess a homœopathic medicine-case. That these domestic cases and their accompanying manuals are in some instances too much relied on is doubtless a fact, and it may be true that many of their owners depending upon the little knowledge thus obtained, attempt to handle a disease which through maltreatment soon assumes the mastery, and the educated practitioner is called in as a last resort. But these self-confident laymen are the exception, not the rule, and they are not more prone to the use of domestic homœopathic medicine than are those of the other school to fly in cases of emergency to the use or abuse of strong drugs. Now who of our profession would not rather have his ministrations preceded by a poorly selected homœopathic preparation, in which the curative quality alone was retained, than find the patient prostrated and the disease complicated by the action of some powerful drug, administered hastily by a person ignorant of its strength or use.

The profession is at fault for countenancing the too frequent consultation of the "box and book." Let the non-professional keep the "case," and make use of it as intelligently as the little knowledge obtained from domestic manuals will permit, *when away from home or out of reach of his physician, but let him use preferably the lower attenuations, such as the 3d or 4th.*

At the present time when the drug markets are glutted with nostrums, warranted to cure all ills, the composition of which is unknown to medical men, is it wise to deprive the people of that which we know to be harmless, and may and often does prove curative in the most unskilful hands? The people will have and take the domestic medicines, and this being the case, let them take such as are almost powerless for evil and yet all-powerful for good; and let us give them all the light possible to guide

them to their proper use, and not long for the return of the days when the doctor held his position solely through the ignorance of the laity.

WILLIAM JEFFERSON GUERNSEY, M.D.

IN MEMORIAM.

LYMAN CLARY, M.D.

At a special meeting of the Onondaga Homœopathic Medical Society, held June 2d, 1876, at Dr. Greeley's office, the following memorial was unanimously adopted.

Lyman Clary, M.D., the oldest and one of the most respected members of the Onondaga Homœopathic Medical Society, having fulfilled his life work, this Society has met this afternoon to express to his family, his friends and our fellow-citizens, our feeling that his work has been well and nobly done, and that in his faithful adherence and obedience to his enlightened convictions he has set us an example worthy of our following.

He has been an honored member of this Society from its organization, and he has occupied many prominent positions of trust and honor both public and professional, having at different periods of his professional life served as president of the following medical societies: The Onondaga Medical Society; The Onondaga Homœopathic Medical Society; The Central New York Homœopathic Medical Society; The New York State Homœopathic Medical Society, and The American Institute of Homœopathy.

Therefore, congratulating his family and friends on his life of manly integrity and enthusiastic devotion to his chosen profession, we point them to the record of that life for the consolation that they will need in this time of their loss.

As a further token of our respect for his memory, we will unitedly attend his funeral.

It is further voted that a copy of this memorial shall be entered on our minutes, and be given to his family and the public.

H. V. MILLER, Secretary.

WILLIAM LARNED CLEVELAND, M.D.

William Larned Cleveland, M.D., was born in Harrisburg, Pa., July 16th, 1809, and died at Atlanta, Ga., May 20th, 1876, in the 67th year of his age. His father and mother dying within a short period of each other, he was left at an early age to battle with the world and its cares. He was what might be termed a self-made man. He had been in ill health for a long time prior to his decease, but kept on with his arduous professional duties because the people would not be satisfied without him, and he died in the harness, so to speak, and devoted to his profession. We make the following extract from a touching tribute to his memory in an Atlanta newspaper:

"He needs no lengthy obituary, though he deserves it. The love of the little children, the tears and regrets of the high and the low, the rich and the poor, who followed him to his grave, were a testimony to his worth as a man and a friend, and to his love and fidelity as a physician.

"But he who would not leave his field of labor, even for a brief season, though urged by friends, that he might rest his wearied and perishing body, now rests in the grave.

"His footstep will no longer be heard at the door of the poor or in the

halls of the rich. His kind and winning voice is hushed in death. He is far away now from the shaft of envy, the dart of malice, the treachery of false-hearted friends. Many will rise up and testify to the largeness of his bounty, the sincerity of his soul.

"Let us not forget his frailties. Let us seek no farther to disclose his many merits. He will live in the hearts of those who loved him."

EDITORIAL NOTES.

THE PENNSYLVANIA (ALLOPATHIC) MEDICAL SOCIETY.—This august body recently held its annual session in Philadelphia, and some curious things were done and said thereat. Our readers will doubtless remember the laughable affair at the Harrisburg Hospital in 1873, and the disgraceful position taken by the allopaths in that inglorious battle, all of which was fully exposed in these columns at the time of the occurrence. Three years afterward, the State Society met in solemn conclave, and having been advised that salve was needed for the sore heads of the brave sons of *Æsculapius* who would not serve in a hospital in which a case of homœopathic medicines was kept, proceeded to lay on the unguent thickly, and dressed the wounds with the following plaster prepared by the skillful hands of Professor Traile Green, of Easton, Pa.:

"WHEREAS, The Dauphin County Medical Society has indorsed the action of the surgeons and physicians in resigning their positions, in 1873, on the staff of Harrisburg Hospital, on account of the introduction of homœopathic practice.

"Resolved, That this Society do commend and approve of that action.

"Resolved, That while approving that action, we cannot too fully indorse the high-toned professional spirit which prompted the medical staff to decline to have anything to do with an institution that recognizes any system of practice based upon exclusive dogma."

This application was unanimously approved by the entire faculty assembled, and no doubt the wounds of the poor Harrisburg doctors will heal at last.

Professor Green having been thus successful, Dr. Langfelt, of Pittsburg, and Dr. Winslow, of somewhere else, envious of the glory attaching to the Professor, resolved to make a bold stroke for fame, and not admonished by the heat of the atmosphere, set off the following beautiful fireworks for the admiration and amusement of the assemblage:

"WHEREAS, A large number of the students of homœopathic doctors are annually graduating from the regular colleges, openly avowing their intention of practicing homœopathy, it becomes the duty of this Society to take cognizance of this fact. Further, that the degree of M.D. conferred on these men is contrary to the facts set forth in the annual catalogues of these colleges, that the students before admission must have read medicine for a specified number of years in the office of a regular physician. Further, that this constant admission of students of homœopathic doctors is detrimental to the remaining graduates of these colleges, an injury to the profession at large, and calculated to put a premium upon quackery, and to bring the colleges into disrepute both at home and abroad; therefore,

"Resolved, That it is the opinion of this organization that the faculties of the various medical colleges, in respect to their graduates, should remedy this evil, and that in all instances of doubt as to the standing of a student's preceptor, they should refer to the society in the county from which such student may come."

Dr. A. Winslow offered the following as an amendment:

"We, the delegates of the Pennsylvania State Medical Society, humbly express our earnest desire that the faculties of the regular medical schools shall demand of each candidate for graduation a certificate of three years' study of medicine from a regular practitioner, whose respectability is indorsed by his county society."

It is astonishing what a difference it makes whose ox is gored. So long as homœopathy pure and simple was to be abused, the unanimity of the allopathic mind—which is generally not unanimous—was really remarkable; but here were professors in allopathic colleges, who made part of their money from the despised homœopathic students, and they were not going to stand "such bigod nonsense, you know." So we are told by the record that "after a lengthy debate, participated in by Drs. Agnew, Wood, Halberstadt, Bruce, and Kieffer, the entire subject was laid on the table."

This thing should be a lesson to homœopathic practitioners throughout the country who are in the habit of sending their students to allopathic schools. Some time ago there was a reasonable excuse for such a course in the general inefficiency of the homœopathic colleges, but there can be no such excuse now. Our students who attend lectures at old school colleges, learn things they had better not know, and fail to acquire information which is essential to their future welfare as practitioners of homœopathy; while, on the other hand, at the homœopathic colleges, almost without exception, there is not a branch that is not as well taught as at the old school institutions, and the principles and practice of homœopathy are set prominently forward, and not misrepresented and maligned.

Verbum sap.

HOMŒOPATHY IN CALIFORNIA.—Homœopathy, or rather its practitioners, seem to be in a troubled state in California. We have from time to time laid before our readers brief accounts of some of these troubles, which appear to be based almost entirely upon the personal animosities of certain men. One of the latest moves there is a suit brought by one society to suppress another, as we learn from a recent San Francisco paper, from which the following extract is taken:

"Yesterday, in the Fifteenth District Court, the people of the State of California by Jo Hamilton, Attorney-General, on the relation of Edwin J. Frazer, brings suit against J. M. Selfridge, H. H. Ingersol, J. J. Cushing, J. A. Albertson, and G. M. Pease, which avers that prior to March 3d, 1876, there existed in this State a corporation formed for scientific purposes, known as the Pacific Homœopathic Medical Society. On the day above mentioned the Society filed articles of incorporation, which plaintiff avers were defective in this: The writing fails to state that a majority of the association were present and voted for officers as therein described. The complaint charges that the defendants have since then acted as trustees of the Society, and that they have usurped the powers, privileges, and franchises of the corporation by issuing circulars to members of the medical profession, giving notice of intention to appoint a board of medical examiners under an act of the legislature. The relator further avers that he is a practicing physician and member of the California State Medical Society of homœopathic practitioners, and that the members thereof are required to possess diplomas from some legally chartered medical society in good standing; that the relator is Secretary of said Society, and that he has as such a diploma; that the existence of more than one State Medical Society of the same school, each issuing diplomas, certificates, or licenses under said act, will greatly impair the value of the relator's diploma, and will tend to cast doubt and suspicion upon any diploma or license hereafter issued under the authority of the

last-mentioned Society; that the California State Medical Society of Homœopathic Physicians was the only Homœopathic State Medical Society in active existence in the State on March 10th, and as such Society it has the exclusive right to appoint a Board of Medical Examiners to examine applicants and grant diplomas to homœopathic physicians under the legislative act. Wherefore plaintiff prays that judgment may be entered against the defendants, and each of them, excluding them and each of them from the franchise so usurped, and for such other and further relief as the court may deem proper."

As a set-off against this evident want of harmony, we gladly give place to the following well-merited tribute to a worthy and excellent young man, and as an indication that these doctors can agree in some things.

A WELL-MERITED TESTIMONIAL.—San Francisco, May 1st, 1876. Messrs. Boericke & Tafel, Gentlemen: The undersigned, members of the homœopathic faculty of San Francisco and vicinity, learning that the term of William Boericke's engagement with you is about expiring, deem it our duty to express to you our high appreciation of his services as the manager of your establishment in this city.

Notwithstanding our divided condition and his own positive character, Mr. Boericke has retained the very high respect and confidence of us all. We feel that self-interest could not have sustained him in this relation to us, that the unselfish motives of faithfulness to your interests and genuine regard for the homœopathic cause alone could have done so.

In speaking thus of the past, we may be saying all that is suitable for us to say, and we might rest satisfied with the influence that such testimony would naturally have in determining your future action; and yet, considering the difficulties and the importance of the position, we may, perhaps, be pardoned a little solicitude, and may be permitted to say that it would give us great satisfaction if it should seem well to you to continue Mr. Boericke in charge of your interests here.

John J. Cushing; J. N. Eckel, by Mrs. Eckel; Max. J. Werder, M.D.; J. A. Albertson; George H. Jenks, M.D.; J. H. Floto; G. M. Pease; A. A. Thiesé; H. H. Ingerson; G. E. Davis; J. Esten; M. T. Wilson, M.D.; J. L. Beakley, M.D.; Laura Morgan, M.D.; E. D. Smith; J. F. Geary; Sidney Worth; J. Murray Moore, M.D., M.R.C.S., etc.; D. A. Hiller; F. Hiller, Jr.; E. J. Fraser; J. K. Clark; H. Knapp; C. M. Sellers; W. N. Griswold; C. F. Forbes, M.D., D.D.; R. Hilton Chase; Laura A. Ballard, M.D.; W. E. Ledyard, B.A., M.B., M.R.C.S. Eng.; N. Miller, M.D., Oakland, Cal.; A. Liliencrantz, M.D., Oakland, Cal.; T. C. Coxhead, M.D.; J. M. Selfridge; J. E. Nicholson.

THE ESSEX COUNTY (MASS.) HOMŒOPATHIC MEDICAL SOCIETY, with ladies, invited guests, and music, celebrated its fourth annual "field day" at Essex, on Monday, July 17th, and according to the reports received, must have had a very enjoyable day. Walking and running matches, boat races, and other sports, dancing, eating, and drinking, and speech-making filled up the bill. Dr. A. J. French, of Lawrence, President of the Society, made an admirable address, and in response to toasts given by toast-master N. R. Morse, of Salem, several excellent speeches were made. Drs. Hughes, Hayward, and Clifton, of England, were present by invitation, and seem to have enjoyed the occasion greatly. Dr. Hughes, in response to a toast to England, made a speech, of which the following is an abstract:

"Since we came over here we have several times said jokingly to each other that we have received a *warm* welcome in this country. There is warmth in the external temperature, and equally as much in the internal temperature of your hearts. I feel quite sure that the welcome has been so cordially extended largely because we came from England, your

own mother country. We are not foreigners; we are your brothers. You left us to settle here, to make your homes in this new land; we came to visit you, and from none have had a warmer welcome than from you all to-day. I have listened with great pleasure to the address and to the poem. The good time written of in the latter is what we all anticipate and what we believe will come." He then spoke of his inspection of the college and hospital in Boston, the former promising to become the leading college in America. "Homœopathy here is a marvel to us. There are only as many practitioners in all England as in New York and Brooklyn alone, four or five hundred, and I go back with the brightest hopes for homœopathy." He closed by saying that the two grandest things he had seen in America were Niagara and Homœopathy.

Dr. John W. Hayward, of Liverpool, in response to a toast to that city, said:

"Dr. Hughes has mentioned two grand things he has seen in this country, Niagara and Homœopathy; let me add a third, the warm hearts of the American people. You have heard of Dr. Drysdale, of Liverpool, and it is a source of pleasure to me that I can take to him the assurance that will be a comfort to him, that Homœopathy is a grand thing in America; that I can carry with me the evidence of the warm hearts here, and many names to aid him in his great work. My treatment here has made a great impression on my heart, and I would like to see you all in England; not in Liverpool, perhaps, for that would not hold you all, but in London." He closed with a tribute to the ladies, especially lady physicians.

Dr. Arthur Clifton, of Northampton, on being called upon to respond to a sentiment, said: "We are often asked what we think of America, and we see things differently. For myself, I drew in Puritanism from my mother's breast, and I grew up a Puritan, with always great interest in America, and as in my youth I read the early history of the colonies, of those noble men and women who risked all perils and came here for freedom to worship God, I felt a desire to see for myself the descendants of those brave and true ones. So when Drs. Talbot and Ludlam invited us to come over and see you, notwithstanding my natural timidity, I decided to come; and when I heard that Drs. Hughes and Hayward were coming to take care of me in case I had catarrh, I came with joy. I had heard wonderful tales of this country, but had never realized half what it really is. A day at Niagara did not satisfy me. I saw it by moonlight, and in the glow of evening sunset;"—here he gave an eloquent tribute to the marvellous beauties of the Falls, which it was as impossible to catch, as one of the rainbow hues he described; "and the memory of its wonders and beauty will last me until my dying day. To Niagara, Homœopathy, and the warm hearts, I would add the women of this country." In closing he gave an invitation to the company to attend their convention five years hence, and expressed the hope that when our labors on earth are finished we may each receive the welcome "Well done, good and faithful servant."

NEW YORK OPHTHALMIC HOSPITAL.—Report for the month ending June 30th, 1876:

Number of prescriptions,	2,587
" " new patients,	224
" " patients resident in the hospital,	31
Average daily attendance,	103
Largest " "	147

ALFRED WANSTALL, M.D.,
Resident Surgeon.

THE HAHNEMANNIAN MONTHLY.

Vol. XII. Philadelphia, September, 1876. No. 2.

CONGENITAL FISSURE OF THE UPPER LIP.

BY H. I. OSTROM, M.D.

DEFINITION.—Congenital fissure of the upper lip signifies a complete division of the lip substance, existing at birth. The fancied resemblance which this deformity bears to the natural condition of some members of the genus *Lepus* gave origin to the name harelip, *labium leporinum*; but the appellation is not well chosen, for only in rare cases can a likeness be traced between the two conditions, and even then it is more imaginary than real. Therefore, we have ventured to discard the old name harelip, and substituted for it *congenital fissure of the upper lip*.

No portion of the upper lip possesses a complete immunity from congenital fissure. The extreme rarity of a fissure in the median line, has induced many surgeons of wide experience to deny its existence, but the cases reported by Van Ammon, Leuckart, and Vrolik, the illustrations in Otto's *Monstrarum. Sexcentorum Descriptio Anatomica*, Tab. II, Fig. 6, and Tab. V, Fig. 2, both complicated with deformities of the body, and No. 834 in Warren's Museum at Harvard College, in which case there existed also a median notch in the intramaxillary bone, leave no doubt as to the occurrence of such a deformity. Mr. Fergusson, who has never seen an instance of median fissure of the lip, is of the opinion that persons have been led to suppose that such existed, from the fact that the scar resulting from an operation is generally more inclined towards the median line than was the original deformity. We believe that the opinion of surgeons

on this subject depends upon their theories regarding the formation of the upper lip. But of this anon.

Fissure of the upper lip may be single or double, complicated or uncomplicated. When single its most frequent situation is slightly to the left of the median line.

The edges of the fissure may be thicker than the lip, showing an arrest of development, while growth continued; or they may be very thin, the result of an arrest of both processes. The fissure may be very wide, exposing a considerable portion of the jaw, or but a slight space may intervene between its edges. Mr. Fergusson, in the *Lancet* of June 25th, 1864, mentions a case in which a congenital fissure occupied the right cheek, extending from the angle of the mouth, involving a considerable portion of the face. Single labial fissure may be, though it seldom is, combined with division of the soft or of the hard palate.

When the deformity is double, the fissures are found one on either side of the median line, with generally a flap of integument of greater or less extent between. Split palate, or a separation of the intermaxillary bone from the superior maxilla, may exist without deficiency of the lip, but the latter affection is exceedingly rare uncomplicated with the former. The worst cases of this malformation present a projection forward of the intermaxillary bone, containing one or more incisor teeth (Dr. Frank Hamilton found in one case the germs of six incisor teeth); or if the subject is young, only a tumor of bone is observed between the fissures. This projection is attached to the vomers; from arrest of development its normal connections are not formed. Both Velpeau and Dupuytren have seen cases in which this raised up lobe was continuous with the end of the nose, and projected directly forward. The nasal septum is sometimes prolonged and forms a thin pendulous tumor, which occupies the deficiency in the lip made by the fissure.

The extent of double labial fissure is most variable, as is also the accompanying deformity. The malformation is occasionally so slight as to be scarcely noticeable, or it may resemble in extent a case mentioned by Corillard, in which there was a separation of two fingers' breadth on each side. The central flap of integument also varies in size; in some instances it has been seen longer than the lip, in others almost a total absence has been observed.

Congenital fissure of the lower lip is an exceedingly rare

deformity. Nélaton, *Path. Chir.*, tome ii, p. 699, mentions an instance; and Meckel and Nicati profess to have seen similar cases.

Mr. Fergusson, in a course of lectures delivered before the Royal College of Surgeons of England during the summer of 1864, mentions a case which came under his observation of congenital gap in the lower lip, extending from near the left angle of the mouth to the base of the lower jaw. Tronchin reported a case of fissure of the lower lip in 1826, in which marasmus was caused by the loss of saliva. But these examples of inferior labial fissure are exceptional, more so even than median fissures of the upper lip.

Etiology.—Until we know the laws which govern the building of the organism, which determine the development and growth of each one of its parts, the causes of congenital fissure of the lip must share the mystery which envelops the origin of other malformations. To say that it is an arrest of development is unsatisfactory; but this expresses the extent of our knowledge of the subject. Why development should be arrested at that particular point, and should exhibit so much regularity in its manner of appearance, cannot be demonstrated.

There seems to be little foundation for the assertion that the upper lip is formed of three parts, or that at any time in the life of the fœtus it exhibits such a division. Velpeau has given the subject much thought and research, and he says that in the examination of a large number of fœtuses, of all ages, he has not met with one example, but that both lips uniformly begin to develop as a whole.

Adherence to the theory that the upper lip is developed from a central and two lateral points has, I believe, induced surgeons to doubt the existence of median labial fissure, for it would not be possible for the central portion to separate and cause a fissure at that point.

The following is a brief expression of the facts of this matter: Until the tenth week of the life of the embryo, the buccal and nasal cavities are continuous; the two papulae of which the upper jaw is formed, not having united. Even after the incisive papula which separates the nostrils has diminished sufficiently in size to allow the nose to assume its definitive form, the nostrils are split down to the mouth. At the tenth week the lips commence to develop, and the buccal fissure which before this time increased in size, begins to be

obliterated. At the end of the third month the lips are well marked.

Cells appear to be the parts from which all structure are developed, and so the statement is correct that the upper lip has points of development; but they are not three in number, but three times thousands and millions. It is probable that fissure of the lips is due to the imperfect manner in which one of these cells or groups of cells is nourished, and therefore developed. Mr. Paget has shown that what he denominates symmetrical diseases, as psoriasis, seem to depend on some morbid material in the blood which fastens itself upon "two islands" on corresponding sides of the body. And he draws the very plausible conclusion that these are the only two pieces exactly alike, and that could be acted upon in such a manner by the peculiar morbid principle in the blood. Now, although Mr. Paget tacitly excludes congenital defects, and "some diseases which seem to depend on the morbid influence of the nervous system," from this grouping, we think he does so unjustly. For the embryo and foetus are susceptible of influences which develop disease, as in the case of syphilis and of inherited deformities; the latter of which can be explained by allowing a transmitted morbid condition of the blood-cells, which prevents them from nourishing certain cells or groups of cells in the body to which they are the special pabulum. Or a peculiar condition of the tissue-cells of the deformed part may be transmitted from parent to offspring. Insufficient nourishment of cells does not always involve death of those organs; it may prevent development, while growth continues. Each cell must pass through successive stages until it reaches the degree of development to which it is best suited for the performance of the functions of the body; each new elementary structure is made like what the old one was, not like what it is, as the man must first be a child. Now, by reason of deficiency of the proper kind of food, a cell may not pass from a low to a high degree of organization, but may remain stationary as to development, still increasing in size, while the surrounding tissues, which possess no affinity for the morbid elements of the blood, are developed and grow, according to the natural laws which govern those processes.

No chemical or other standard can be given for healthy blood; but that it may serve the purpose for which it is designed, all the organs, and by this I understand every part

of the body, must be in perfect health. Each part requires to extract from the blood something peculiar to itself; if this is not accomplished, this something is retained in the system and may be productive of disease. As was truly said by Treviranus, "each single part of the body, in respect of its nutrition, stands to the whole body in the relation of an excreted substance."

Let us apply these remarks to the deformity which constitutes the subject of the present paper.

The uterine life of the product of conception is exceedingly susceptible of deleterious influences. Now, may not this period of existence be prone to the production of the morbid conditions of the blood of which we have spoken? and hence the frequent occurrence of congenital labial fissure. The change in the blood constituents may depend either on an unhealthy condition of the parents, on the imperfect functional activity of some distant organ, or on some recondite cause, and operating upon a particular part of the body, it is followed by an arrest of the development, and possibly the growth of the same.

It has been suggested by Mr. Fergusson that the cause of the frequent appearance of labial fissure on the left side is, that that side of the body is not so well developed as the right. This may explain some cases, but it is inapplicable to others, other varieties of labial fissure. We cannot say why one part and if admitted, increases the difficulty of explaining the should be more open to morbid influence than another.

To determine the extent to which congenital labial fissure is an hereditary defect requires more data than we possess. Mr. Fergusson has declared that the majority of cases can be traced to this cause, and says that he is generally able to detect the parent of a child who suffers from the deformity. His opinion is entitled to respect, and the rule may apply to a larger number of cases than we at first suppose. For on account of the difficulty which would attend the necessary examination of the parents, such examinations are seldom instituted.

Double labial fissure is so frequently associated with a corresponding defect of the bony structures beneath, that I think we are justified in assuming that their causes are almost if not quite identical; and further, that one may in no indirect manner influence the appearance of the other malformation. If the initial deformity has its origin in a morbid condition

of the blood, that morbid condition is increased, though changed in character, by the life of the abnormal part. The alteration thus effected expends itself upon the parts concerned in the subsequent arrest of development. The same is true of each organ in the body. According to that refinement of mutual influences, and exact and constant adaptation between the blood and the tissues, on which health and disease depend, are we to explain the appearance of many morbid growths and congenital affections. Departure from normal cell growth is effected only through the nutrition of the cell, and this may be altered by local or nervous agencies, but we believe especially by some peculiar condition of the nutritive fluid, which may be brought about through defect in the functional activity of some far-distant organ. Congenital fissure of the lip, therefore, though a purely local affection, and one that will always remain so, probably is the localization of a general blood disorder, the virulence of which is expressed by the extent of the deformity.

If it is true that defective nutrition of one organ may be communicated, though in a different manner, to a distant organ and totally dissimilar tissue, it is more than probable that fissure of the upper lip has its origin in fissure of the hard palate when the deformities coexist. For, as the upper jaw begins to form before the lips make their appearance, fissure of the bony structure—which until after the third or fourth month of embryonic life is a normal condition—precedes that of the fleshy parts.

To recapitulate. There is no reason to suppose that the upper lip is formed from three points, and therefore fissure of that part cannot be explained by a failure of its points of development to unite. Fissure of the upper lip is an arrest of development, caused by an improper nourishment of certain portions of the lip. The improper nourishment probably arises from disease in some organ, which either extracts from the blood the pabulum for the deformed organ, or allows the blood to retain that which it should excrete; or the deformity may be inherited. The frequency with which the deformity appears on the sides of the median line of the lip probably depends upon the correspondence which exists between the parts which are symmetrically placed upon opposite sides of the body; and the frequency of recurrence on the left side may be in consequence of the comparatively imperfect development of that half of the body. Observed phe-

nomena seem not to conflict with the opinion that when fissure of the palate and lips are combined, the appearance of one deformity is determined by that of the other, and the order in which the parts are developed seems to warrant the conclusion that the defect in the bony structures holds at least a predisposing relation to the deformity of the soft structures.

HISTORY AND TREATMENT.—Congenital fissure of the upper lip in the early history of surgery seems not to have received the attention which the frequency of its occurrence merits. To whom belongs the honor of first accurately describing this deformity and proposing an operation for its relief, is not certain. Arabian literature is almost silent on the subject, and until the time of Franco, or Ambrose Paré, the same is true of all medical literature.

Fissure of the lips can be removed only by mechanical interference. All the operations which have been proposed for its relief are based upon these indications: the edges of the fissure must be denuded of epithelium, approximated and held in perfect contact until united. The subject of treatment naturally divides itself into:

First stage of the operation.

Second stage of the operation.

First Stage.—The older surgeons used the knife sparingly. Abdul Kasen employed actual cautery for the purpose of scarring the edges of the fissure. Thérrien used for the same purpose the butter of antimony, and John Hunter used nitric acid. These customs have, however, justly fallen into disuse, and with the exception of the first mentioned, deserve no further mention in this place. The actual cautery in surgery is mainly useful in preventing or arresting hæmorrhage. It causes little pain, but considerable irritation. Delicacy of incision and great accuracy cannot be attained by its use. Therefore, in fissure of the lips, where these are essential to success, its use is not allowable under ordinary circumstances, but when a small portion of the fissure has failed to unite, the application of the hot iron to the parts will frequently be all that is necessary to insure perfect union.

At the present day excision has taken the place of all other methods, and may be performed either with the knife or with the scissors. Both instruments are valuable, and must be selected according to the experience of the surgeon, and the peculiarities of the deformity to be overcome. Desault, who warmly advocated the use of the scissors, recommended the

blades to be made very thick and strongly sloped; those which have the name of A. Dubois, are constructed on this principle. D. Scacehe and Dionis used ordinary scissors, while Henckel preferred those with blunt points. Maligne, Velpeau, and Laurence give their opinion in favor of this instrument. Mr. Choat mentions with equal favor both scissors and bistoury. Dr. Frank Hamilton has had constructed for this operation, a pair of scissors with short broad blades, and long strong handles. The objection to his instrument is, that both blades being of the same width, some difficulty is experienced in paring as far above the angle of the fissure as has been found to be expedient. A strong pair of knee scissors, made with blunt ends, might be used with advantage. It is claimed as advantageous by those who defend the use of the scissors, that they divide all the structures at once, and that their use is attended with little danger, especially in the case of young children whose movements cannot be controlled. And further, from the firm hold which they have of the lips, they are less liable than other instruments to produce irregularities of outline in excising the edges of the fissure.

The bistoury, or more properly the knife, numbers among its partisans some of the great surgeons of the world. Mr. Fergusson and Mr. Liston strongly advocate the use of this instrument. Both Mr. Skey and Mr. Syme preferred a small scalpel, and Mr. South used either a bistoury or phimosi knife. They claim, and with justice, that the knife causes no unnecessary bruising; the tissues are simply divided, and not crushed; that with it any direction may be given to the line of incision that may be desired; that the wound is much neater than when made with the scissors; and finally, that its superiority over the scissors is fully demonstrated by the facility with which the angle of the fissure is removed.

The point at which it is desirable to introduce the bistoury, and the direction which should be given to the incision, has given rise to diversity of opinion among surgeons. Guillemeau plunged in the point of the instrument a little above the summit of the division, and divided the lip perpendicularly from above inwards and from within outwards. B. Bell's method was the opposite of this. Standing behind the head of the patient he began his incision at the free border of the lip. Emaus placed a piece of cork under the lips, which formed a point d'appui for the bistoury. Surgeons of the

present day begin the incision at the point where the edges of the fissure join, and many of them follow the method of Emaus, substituting various materials for the piece of cork which he recommended.

It was observed, when the healing process was completed, after removing the edges of the fissure by a straight incision, that a notch remained in the lip at the site of the original deformity. To remedy this, Malgaigne carried the incision down to the prolabium, then inwards, so as to save the very bottom of the cleft; when the lip, after this manœuvre, is brought together, no deficiency results, but rather an elongation which can be easily removed if necessary. Mr. Syme and M. Husson carried the line outwards, making a concavity towards the edge of the fissure, but this method possesses no advantages over the angular incision of Malgaigne. Mr. Ferguson, after many trials, declares that he prefers the original straight incision, and expresses his belief that if a notch remains, it is because the edges of the fissure are too sparingly removed. This is an important point to be considered in operating. An operation favorably mentioned by Mr. Druitt, consists in not carrying the incision to the free edge of the lip and in turning down the flaps thus formed, where they are allowed to remain until union takes place; the ugly notch is by this method avoided, and a strong *living suture* holds the fissure together.

Anæsthetics are unnecessary, and only increase the danger of the operation. The patient, if a child, being enveloped in a sheet so arranged as to render movement of its arms and legs impossible, is held in the lap of an assistant, whose hands support its head, and at the same time his fingers control the coronary arteries. Another assistant is intrusted with the instruments. While operating the lip should be made to retain almost its natural position, and thus allow of greater precision in the paring process. The surgeon, sitting or standing before the patient, with a scalpel separates the lip from the superior maxilla, and if the fissure is very wide, extends his dissections to the cheeks, then seizing the corner of the lip with his fingers or a hook, he enters a bistoury a few lines above the angle of the fissure, and cutting firmly downwards, removes with one sweep of the knife all the rounded portion of that edge of the fissure. The other edge is treated in the same manner. Without waiting for the hæmorrhage, which is generally profuse, to be arrested, he proceeds to the

Second stage of the operation. Various methods have been proposed for keeping the raw edges of the fissure in apposition until they unite. Franco employed the *dry suture*, which was made by passing wide strips of adhesive plaster from one cheek to the other, and smaller strips under the nose. Louis, who strongly advocated this procedure, asserted that the bloody sutures were not only useless but harmful; for, he argued, the foreign bodies became a source of irritation, and thus produced muscular retraction. But this surgeon latterly was in the habit of inserting one suture at the vermilion border of the lip before applying adhesive plaster. A great variety of bandages, among which may be mentioned that of Emaus, and mechanical appliances, have been employed and fallen into disuse; for though union may be brought about by such means, experience has proven that in the majority of cases the lip requires more support than they afford to insure perfect adhesion. They may be valuable adjuncts to the bloody suture, but alone they are not trustworthy.

The glover's suture was, it is supposed, used by the Arabs, but it is no longer considered practicable, for in making the stitches of the requisite tension, the edges of the wound will be rendered uneven. Celsus "*sewed*" up the lip, but he does not tell us how he did so. The quilled suture has been used, and M. Van Onsenart substituted for the quills a small ivory disk on each side containing three holes, through which he passed as many sutures. Mr. Wood, of the Gloucester Hospital, recommends the button suture, which is in principle the same as the above, only in the place of the ivory two perforated silver disks are used on each side, with wires soldered to their backs, over which a double ligature is tied after having been passed through the lip. The method which has obtained the most lasting favor among surgeons is the figure-of-eight suture. The older surgeons were of the opinion that pins made of silver or gold would produce less irritation than if made of other substances, and therefore had them constructed of those metals with steel points. Such were used by Chelius and Sharp. Velpeau recommends that three pins or needles be used; the first one inserted, three lines above the vermilion border, is made to pass through the whole substance of the lip and emerge on the inner side, thence it is passed through the other side of the lip from within outwards. The other pins do not penetrate so deeply into the lip. A piece of silk is wound about them in the figure of eight, beginning at the

one nearest the nose, and is tied over the last pin in the form of an X. When the pins are very small, as those used by Dieffenbock, as many as five may be inserted, but according to the latter authority each suture should be wound separately.

Dr. La Faye, who used copper pins, introduced the first one at the superior angle of the fissure; but this plan prevents a perfect adaptation of the free border of the lip. Mr. Skey did not consider it desirable to pass the pins through the whole thickness of the lip. He only used two, and in the intervals between these introduced three or four fine sutures. He removed the needles about the sixth or eighth day. Mr. Laurence, following the method of Lewis, inserted only one silver needle at the vermilion border of the lip. Mr. Fergusson uses three steel pins and the figure-of-eight suture. Huster and J. L. Petit employed two very long needles, but the Korlsbad insect needles of Dieffenbock are preferable to all others, for they leave a smaller scar.

Velpeau recommends that the mass of silk which remains over the cicatrice after removing the needles be not disturbed, and when it falls off, if any doubt exists as to the union of the fissure, strips of adhesive plaster are to be worn over the parts for a few days. If the needles are fine and numerous, the first one may be taken out the day after the operation, beginning at the top of the wound, otherwise they should not be disturbed before the third or fourth day. Before removing the needles, their pointed ends should be well oiled to prevent straining the newly-formed tissues. Lassus, Ollenroth, and W. Dros preferred the interrupted suture, and Mr. Syme among European, and Dr. Frank Hamilton among American surgeons, adhere to this variety of suture. Though it may not retain the parts in position as well as the needles, it allows a more perfect adaptation of the incised surfaces. Dr. Frank Hamilton uses heavy silk thread, and introduces the first suture at the vermilion border of the lip, the second at the superior angle of the fissure. In the case of children these are all that he considers necessary. The lower suture is tied first, and the dressing is completed by adhesive strips laid over the lip from one cheek to the other. Mr. Fergusson dispenses with the plaster, and cements the suture and lip with a plentiful application of collodion. To prevent straining of the stitches or needles, one of the many spring trusses invented to serve this purpose will be found useful when there is reason to doubt the strength of the adhesive plaster. Mr. Fergusson mentions

with especial favor one designed by Mr. Haensbury, and H. Dewars's apparatus is highly spoken of by Mr. Druitt. But in this matter, as in many others, the surgeon must exercise his own judgment, and select the instruments best adapted to the requirements of the case which he is called upon to treat.

Having removed all that is necessary of the lip, the surgeon introduces a strong steel pin a few lines above the vermilion border, on the right side of the fissure, and making it to penetrate about two-thirds of the thickness of the lip, passes it through the opposite side, so as to bring it out at a point corresponding exactly with that at which it was entered. The same manœuvre is adopted in introducing the other two pins. Then, with a strong piece of silk thread, beginning at the needle last introduced, he makes the figure-of-eight suture, passing with successive turns until the line of union between the fissured surfaces is covered with the silk, and then ties the thread at the lower needle. Finally, with strong scissors, the points of the needles are cut off, and small pieces of lint placed under the ends which remain. Strips of adhesive plaster, or an application of collodion completes the dressing. On the third or fourth day the pins may be removed, but if necessary they should be allowed to remain longer. If the parts fail to unite, the edges may be scraped or cauterized, and the pins again introduced and not disturbed until a union is effected.

The Period most Favorable for the Operation.—The older surgeons delayed operating for the relief of labial fissure until the age of reason, believing that at an earlier period the liability to convulsions increased the danger to life, and that the necessary co-operation of the patient could not be depended upon. Dionis and Gasengiot advised waiting until the fourth or fifth year; S. Cooper, Mr. Sharp, and Mr. Liston, until the second or third year, and always until the child ceased to derive support from the maternal breast. This delay, however, seems unnecessary, and most modern surgeons are inclined to regard the risk overrated, and the fears entertained by their predecessors more imaginary than real. The best results are obtained from operations performed near the period of birth. Especially is this true where there is also fissure of the hard palate, and a projection of the incisive portion of the maxillary bone. For the lip, after being united, exerts a constant pressure on the protruding part, and so tends to reduce it to its proper position. The defective articulation, and some-

times actual inability to talk, which so frequently attend fissure of the lip and palate, in a marked degree interferes with intellectual development. An early operation, therefore, if the child is otherwise in good condition, is advisable.

The earliest age at which the operation for labial fissure has been performed is the fourth hour after birth. Mr. Bateman, of Islington, operated at this time, and with perfect success. Mason Warren operated no later than the twenty-fourth hour; Muys, the sixth, Roonhuysen, the tenth week, and B. Bell, the third month after birth. Mr. Fergusson, who has operated at all periods, from a few days to thirty-six years, believes that the earlier the operation is performed the better will be the results—certainly before teething. His time of election is about the end of the first month.

In determining the age at which to operate, the consideration is not the earliest period at which the operation can be performed, but the most advantageous time. Those gentlemen who operate a few hours after birth are, I fear, not actuated alone by a sense of duty to their patient. No possible benefit can accrue from such practice. So far as the pliability of the tissues is concerned, a month will make very little difference, and will allow the infant time to become accustomed to the sudden changes which birth entails. The object is to bring the parts together before the bony structure shall have attained that degree of hardness and development which marks the period of dentition, and therefore from the fifth to the seventh month in general limits the most advantageous time for operating; if the deformity is so great as to seriously interfere with the infant securing a proper supply of nourishment, the operation should be performed as soon as possible after birth; but if, on the other hand, the child is sickly and unable to endure the operation, it should be deferred until a degree of health is attained which will warrant its performance.

Double Congenital Fissure of the Lip.—All that we have said of the operation for single labial fissure applies to the double variety. The differences among surgeons, in regard to the operation for this variety of fissure, relate chiefly to three points, viz., Shall the fissure in the lip and palate be closed at the same time? Shall both fissures be operated on together? Shall the projecting piece of bone be removed or forced into position?

Fissure of the palatine arch presents no obstacle to the cure of fissure of the lip, and when the operation is performed

early in life, and the deformity to the bony structure is not great, it has been thought sufficient to unite the lip only, trusting to the pressure thereby exerted and the natural tendency of the parts to contract, for the relief of the fissure of the palate. In the case of Desault only a few weeks were necessary to effect a perfect closure of the mouth, and in the case reported by Gérard, in which the fissure was the width of a finger, two years sufficed to accomplish a cure. Only recently have attempts been made to close, by operating in infancy, a palatine fissure, and the results of such isolated cases have not been of a nature to induce surgeons to repeat the experiment. Mr. Fergusson considers the chances of success better when the operation is performed at or beyond the age of puberty. The majority of modern surgeons operate first upon the labial fissure, and, if necessary, apply some apparatus to bring the bony parts together, deferring the operation on the palatine fissure until after the fifteenth year. Velpeau thus succeeded in curing some severe cases.

Sir Astley Cooper, and many of his contemporaries, preferred to operate first on one side of the fissure, and wait until that united before operating on the opposite side. The probable reason of this was fear that the small medium flaps, if pared on both sides, would not retain sufficient vitality to favor union. But this is only exceptionally true, for the piece of integument may be very small and still the operation result successfully. Mr. Liston, however, considers it advisable to allow several weeks to intervene between the two operations. Many modern surgeons operate on both sides at the same time, considering that the delay is unnecessary, and that the best results follow such practice.

The projecting central piece of bone forms a serious obstacle to the cure of labial fissure. Dr. Ludovic and Chopart were in the habit of removing this, either with a saw or cutting pliers, and Gensone, with great force, pressed, or more properly twisted, the bone into position. These violent measures, however, are nowadays reserved for especial cases, and surgeons, recognizing the importance of retaining any part of the body which it is not absolutely necessary should be removed, prefer to follow the more conservative methods of Desault, and with pressure long continued, gradually force the projecting portion backwards. In young subjects this will generally prove successful, but the chances of success decrease with the age of the patient. In adults, simple pressure will be of little avail, and

either the teeth must be extracted or the whole projection removed.

The period most favorable for operating on double labial fissure is, as with the single variety, that of infancy, and as the deformity is usually greater, the demand for an early operation is even more urgent.

The child and surgeon occupy the same relative position as that described in the operation for single fissure. The surgeon, after dissecting the lip well from the bony structure, pares first the edge of the right side, including the central flap of integument, and then the edge of the left side. He then successively thrusts in two or more strong steel pins, which, penetrating the central flap, emerge on the opposite side of the fissure, at a point corresponding with that at which they entered. The subsequent dressing and treatment does not differ materially from that recommended for single fissure, and the cure is generally not more prolonged.

In the foregoing brief sketch of congenital fissure of the upper lip, and its treatment, we have been unable to speak at length of fissure of the palate. It is our purpose to devote a future paper to this subject.

HYGROMA PATELLARE CYSTICUM, OR HOUSEMAID'S KNEE.

A CLINICAL AND SPECULATIVE CONSIDERATION OF THE SAME.

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(Presented to the Homœopathic Medical Society of Pennsylvania.)

SIMPLE as all cystic degenerations of certain normally located synovial bursæ may appear to the busy routine practitioner at first sight, there are notwithstanding occasionally cases met with which, both by their history and character, offer considerable material for reflection.

Such, at least, has seemed to me the following case.

Some ten or twelve years ago while practicing in this locality, I met with a case of *hygroma patellæ* in the person of a farmer, a retired sailor of the "long voyage," who some twenty or twenty-five years previous, while at Sumatra, was taken with one of the varieties of endemic fevers peculiar to that island. In his recovery no other sequelæ were noticed than a permanent baldheadedness.

He was then as before employed as a shipcarpenter, and hence much engaged at deck-calking; a practice requiring long-continued kneeling. After being thus employed for some length of time, he noticed a puffy swelling upon and about both patellæ, and which in course of time settled into steadily enlarging tumors.

Never until he presented himself to me had he consulted a surgeon in the matter. A lucky termination of a surgical operation at my hands, in the case of a little son, had induced him to see me on his own behalf.

He appeared exceedingly timid about any kind of surgical interference, but consented finally to have me operate upon one knee first, and if successful, was willing to submit also to a second process upon the other.

Although these tumors were then nearly of twenty or twenty-five years' standing, and the man himself about fifty-odd years of age, they presented no appearances either subjectively or objectively of being unhealthy; that is, of their contents having undergone any kind of morpholitic changes.

I noticed no nodular or fibrino-plastic concretions. The tumors were elastic, smooth, and having the normal cuticular aspect of the rest of the limbs. They were each of about the size of a large fist. The operation consisted of simply destroying the intracellular structures and scarification of the mural surfaces of the cysts with a tenotome, and the rest of the surgical treatment conducted as tenotomy generally.

Remedial treatment was not pursued at this time, from the fact of my being at that time an allopathist of the expectant school. Although the result proved highly gratifying to the patient, no immediate attempt was made to operate upon the sound knee.

I soon afterwards removed to New Jersey. Ten or twelve years later I again returned to Michigan, and found that no second operation had been attempted upon the remaining hygroma of this patient.

The patient, now sixty-odd years of age, had failed much, and appeared older than his years.

The operated knee still retained an undue enlargement upon the lower margin of the former tumor, which upon touch felt hard, as if irregular exostotic deposition had succeeded the operation.

The remaining tumor had augmented considerably in bulk; its integuments no longer looked healthy, but had assumed a

purplish discoloration, with here and there softening spots of an intensely white color.

Touch yielded the sensation as of a generally solid and heavy body, while actual pressure demonstrated the presence of irregularly sized plastic contents within.

The general health of the patient was equally unsatisfactory. The pulse was slow, irregular (qualitative); anæmia was evident in every direction of his organism. The condition of his skin was dry, shrivelled, parchment-like, and of a carcinomatous or icteroid yellow.

I had here presented to me a mixture of conditions which made a decision for action not altogether uncompromising, but which resulted notwithstanding far more satisfactory than the first attempt.

To depend upon subcutaneous operation was out of the question; first, because of the changed condition of the fluid in the tumor; secondly, because of the unhealthy and generally phlegmonous state of the capillary circulation in the integuments; and lastly, because of the general atonic condition of the system at large.

Nothing was left me, therefore, but to lay the cyst open and subject its mural surfaces to a vigorous stimulant treatment.

The incision which I made was a pretty fair one, extending from the external lower margin upwards in the median line of the patellæ, about 2 to 2½ inches long.

I next treated the emptied cyst with a depurating injection of a 10° solution of iodine in diluted alcohol; a silk suture brought the lips of the incision again into proper coaptation; a dry sponge compress secured by a roller bandage finished the dressing.

Internally Arnica the 30th was given (according to Altshul's indication).

After a few days I found that a healthy suppurative process had supervened, the integument had now assumed a healthy color, and had shrunk to the required size of the structures beneath; thus proving obviously that an elliptical section of an enlarged integument is not always necessary in even very large-sized tumors.

After a few weeks a complete cure had been perfected. No postsurgical defect marred the appearance or the mechanism of the knee.

To-day this knee is perfect in form and dimension, while that of the former operation still presents the same exostotic

enlargement above described. Although, as already mentioned at the opening of this paper, hygroma or synovial bursæ are but a common affair in the experience of the surgeon, there are points in this case deserving of consideration and study.

For, first of all, we have a remarkable history in that of a synovial tumor remaining over twenty-five years in a primary condition. Secondly, the anamnesis raises the question as to the causative influences, as for instance, the relation of the nutritive state of the system after the fever, together with the concomitance of the permanent alopecia to the bursal degeneration. Thirdly, the ossific process after a mere subcutaneous section and scarification of the inner walls of the cyst without causative medicinal treatment. Fourthly, the questionable internal medication, when different remedies had been locally introduced. Lastly, the following zoochemical analysis of the semifluid contents.

I was led to make this partial analysis merely to satisfy myself as to the origin of the brick-red color of the contents, and which at first I supposed to be due to an intrahæmorrhagic process of the parts involved.

These contents were made up of nearly equal portions of a fluid and of fibro-granular solids; they measured in their unseparated state about nine fluid ounces, inclusive of a small loss unavoidably sustained.

Owing to a lack of means to carry out a quantitative analysis, no special attempt at exactitude was made in this measurement.

The solid contents carefully separated from the brick-red liquid were repeatedly washed with distilled water, and dried in an oil oven, after which they presented the yellowish-brown color peculiar to fibro-cartilaginous matter. The liquid was of the consistence of ordinary cystic serum, having a specific gravity by aræometrical test of $1036\frac{1}{2}$.

Under the microscope the former, while yet in the undried condition, presented an amorpho-granular appearance, and hence devoid of all cast-like structures. The latter, however, produced a magnificent spectacle of a rose-colored clear liquid, in which floated large and most perfectly formed crystals of cholesterin, while above and about them an immense number of fat-globules kept the whole in continuous motion; but in vain did I look for either nucleated cells, or hæmatin or hæmoglobulin crystals, to the presence of which I hoped to be able to ascribe the red color of the fluid contents of the cyst.

A portion of the fluid contents was treated for several days with chloroform, which changed its red color to pale orange, and which, under the microscope, became perfectly colorless.

The change which this process developed was both characteristic and remarkable. Of course no cholesterin crystals were any longer present. A few immensely large oil-blotches covered the field, under which could be seen the fibrinous granules, but adhering to which I noticed also large amorphous brownish and coal-black masses, which a subsequent test with caustic potass. and also with nitric acid proved to be melanin.

It is here alone that we may be able to find an explanation for the peculiar color of this transudation, for in melanin we have perhaps the only genetic connection with hæmatin and hæmoglobulin.*

A very dilute portion of the fluid was tested with acetic and carbonic acid, which both produced an abundant precipitation. After separating the fluid from the precipitate, it was raised to a boiling heat, which readily coagulated the liquid, thus proving it to be serum albumine.

The above precipitate was further treated with a small portion of its supernatant liquor with a concentrated solution of sodium chloride, which readily redissolved the precipitate, thus again proving the original fluid to contain fibrino-plastic matter or myosin; this was further substantiated by a very weak dilution of HCl.

The rest of the liquid transudate was next evaporated to the consistence of a jelly-like syrup, placed afterwards in an oil-drying oven until perfect desiccation was effected.

This dried mass was pulverized and added to the equally dry solid contents of the transudation, and subjected to perfect incineration, according to the rule of organic analysis.

Since the peculiar and intense redness of the color of this transudation alone induced me to pursue these investigations, I gave but little heed to those inorganic elements not actually bearing upon the subject.

I therefore sought only for the iron of the hæmatin in the ashes. This I accomplished to find at the very first instance by merely treating a portion of the ashes with H_3Cl and ammonia, which yielded me a whitish precipitate, and hence indicated its scarcity in the ashes.

* Hoppe-Seyler.

The PFeO_4 I separated from the other phosphates present in the ashes by acetic acid, and subjected it to reduction by the blowpipe.

This Fe_2O_3 I redissolved in muriatic acid, and treated it with ferrocyan. kalium, by which I obtained the final and characteristic test of Prussian blue.

I had also hoped to find hæmatin by Preyer's spectroscopic method, but failed, no doubt on account of the high dispersive power of my instrument, one of direct vision of seven prism, and which is intended only for astronomical purposes. But experiments with a single prism of 60° , with necessary auxiliary arrangements, gave me no better success.

As summa summarum we have then,

Microscopically, Fibrinous granules,

Cholesterin,

Fat,

And also melamin.

Chemically,

Seruminous albumine,

Fibrino-plastic matter,

Ashes, containing Fe.

CEREBRO-SPINAL MENINGITIS, OR SPOTTED FEVER

TREATED WITH *ACTEA RACEMOSA*.

BY DWIGHT B. HUNT, M.D., NEW YORK CITY.

THE first account published of this fearful disease is of an epidemic which occurred at Geneva, Switzerland, from February to April, 1805. Prior to this there is no reliable account of its occurrence. From this time on there followed epidemics at different places throughout Switzerland and Germany, at some places confined to barracks, at others to the civil population, in either case producing a great mortality. This disease first visited the United States in 1842. It prevailed with great intensity during the civil war. From an article by Dr. S. B. Hunt in the medical volume of the *Sanitary Memoirs of the War*, the following cases are analyzed: Of 160 cases, 12 died within the first twenty-four hours; 92 before the close of the fifth day; 14 before the close of the tenth day; 4 before the close of the fifteenth day, and 18 survived for various periods. Afterwards *one hundred and forty died of one hundred and sixty attacked, a mortality of eighty-*

seven and one-half per cent. It generally appears in winter and spring; childhood suffers severely both in susceptibility and mortality. In many of the epidemics only children under twelve or fourteen years have been attacked. Strong and robust children seem to be particularly liable, as also infants. This disease is very rare after the fortieth year of life. Bad hygienic conditions favor its outbreak. At the Five Points House of Industry in this city during 1874, after the tearing down of an old house in the rear, and digging the foundation for a new one, three children under five years of age were attacked, all dying within twenty-four hours. Two children older had slight symptoms and recovered. All of these were males. At about that time, in my private practice, occurred two cases, and later in the former place, during an epidemic of typhoid fever, two other cases occurred under my care. In the four latter I used the *Actea racemosa*, and with what result will be seen.

CASE 1.—Frank H., aged nineteen years, of strong, robust frame, and previous perfect health, was suddenly attacked the 20th of September, 1873, with a severe chill. One-half hour afterwards I found him cold, blue and almost pulseless; petechial spots on chest and neck; nearly unconscious. The only mode of arousing him was by pressure on the upper portion of spinal cord, which would cause him to cry out; pupils of eyes respondent to light. From the friends I learned that the patient had been in usual health until the time of his sudden attack, and knew of no cause for the same. Brandy and carbonate of ammonia was given, and hot applications to feet and limbs for the purpose of arousing him from this state of shock. I left *Actea racemosa*, five drops of the tincture in one-third of a glass of water, to be given in doses of two teaspoonfuls of this solution every hour, beginning at the first signs of returning warmth of the body.

21st. Found patient in a semi-conscious state; pupils somewhat dilated, with head very greatly retracted, and great sensibility of skin to touch. During the night a diarrhœa had set in; the passages had numbered ten, of a watery, greenish consistency, and very offensive. He also had suffered from occasional attacks of vomiting; pulse 120, strong and full.

22d. Continued the *Actea* at the same intervals. Patient still in a semi-conscious condition; hyperæsthesia of skin and retraction of head, with tenderness of spine to touch the same;

the discharges from the bowels had been less frequent, and the petechial spots have somewhat disappeared. The same medicine was continued. For one week the same condition of affairs continued, excepting in regard to the bowels and petechia. Day by day the petechial spots slowly disappeared and the diarrhœa improved until the discharges numbered only one per day. The same treatment was continued. On the tenth day the rigidity of the muscles of the back of the neck began to improve, and on the fifteenth day only a slight tenderness to pressure remained over the spinal cord at its superior portion, together with hyperæsthesia of skin. At this time the patient was in a very weakened and prostrate condition, the pulse being 140; respiration 40; involuntary evacuations of bowels and bladder in bed, the passages numbering one per day. He also was troubled very much with seminal emissions, which weakened and annoyed him. The *Actea* was then changed to *Phosphorus* 30th, which controlled the emissions. *Arnica* was then given in doses of five drops of the tincture in one-third of a glass of water, two teaspoonfuls of this solution every two hours for his general condition of prostration, as was also milk punch, under which he gradually improved, and at the end of three months he was well.

CASE 2.—Charles G., aged 18, was suddenly attacked October 18th, 1873, with chill. I saw him one hour afterwards. Cold, almost pulseless, in a state of shock. Ordered brandy and Carbonate of Ammonia, with hot application to feet and limbs; at the moment of returning warmth *Actea racemosa* tincture was given as in previous case. The next day there was the peculiar petechial eruption, retraction of head, hyperæsthesia of skin, etc. The *Actea* was continued, and in ten days the retraction of the head had disappeared; this patient had continued in a weak state for about two months, but under the use of *Arnica* and stimulants he finally recovered his health.

CASE 3.—This, the most desperate case of all, occurred at the Five Points House of Industry, during an epidemic of typhoid fever. Henry Hunter, a little boy five years of age, while in the school connected with this institution, and in apparent good health, fell from his seat to the floor in an unconscious state. I saw him shortly afterwards in the hospital, as I supposed, dying. I could not detect the pulse at the wrist, the heart's action just perceptible, face and extremities blue

and the chest and neck covered with spots of extravasated blood, with no hopes of success. I gave the brandy and Carbonate of Ammonia every ten minutes, with warmth to extremities; in five hours was rewarded by return of pulse perceptible at wrist, and warmth of face. Then began great restlessness with excessive sensitiveness to touch. The next morning found the patient with the head drawn backward so that it almost rested on the shoulders; the cervical portion of spine very sensitive to touch, pupils dilated, diarrhœa with passage of stools unconsciously in bed, and frequent vomiting of a watery greenish consistency with a sudden and forcible expulsion. On examining the eyes with the ophthalmoscope, I found the optic nerve much congested. In this case the *Actea* was given in the same manner as in the previous cases from the first signs of returning warmth, and continued for three weeks, the patient in the meantime slowly improving, the head slowly regaining its natural position, the tenderness gradually disappearing, the vomiting and diarrhœa slowly ceasing. For three months was he nourished day and night with beef tea and brandy punch; *Arnica* tincture was given for the prostration as in the previous cases, and in four months' time I had the pleasure of restoring the child to its mother perfectly healthy, and he so continued to the present time.

CASE 4.—In this case, also occurring at the Five Points House of Industry, in a boy seven years of age, nearly the same symptoms as the last occurred, except in a milder form. He was also suddenly attacked, but with less violence; at no time was he unconscious; the same sensibility of the skin was noticed, the same retraction of the head and tenderness of the back of neck to touch. In this case there was very little if any diarrhœa, and no vomiting, although he suffered somewhat from nausea. The petechia was not observed. The treatment was the same as in the previous cases, and the boy gradually improved for six weeks, when he came to a standstill which puzzled me for a few days as to its cause, when with the ophthalmoscope I discovered tubercles in the choroid, after which the brain, then the lungs, and finally the intestines, successively became the seat of tubercles, and after a period of six months from the attack he died of general tuberculosis.

In the pathogenesis of *Actea*, we find "pain over the eyes and in the eyes, extending along the base of the brain to the occiput. Brain feels too large for the cranium, a pressing

from within outwards. Dull pain in occipital regions, with shooting pains down back of the neck. Amaurosis, amblyopia, double vision. Stiffness of the neck. In the morning, on bending the neck forward, a severe drawing, tensive pain at the points of the spinous processes of the three upper dorsal vertebrae."

CALCAREA CARB. AND SILICEA COMPARED AS NUTRITION REMEDIES.

BY E. A. FARRINGTON, M.D., OF PHILADELPHIA.

(Read before the Homœopathic Medical Society of Pennsylvania.)

Calcarea Carbonica and *Silicea* have many symptoms in common. They frequently meet in scrofula, ulcers, bone-diseases, gland affections, nutritive defects, as emaciation, defective osseous growth, retarded dentition, toothache from caries of the teeth, blennorrhœa, hip-disease, convulsions, paralysis, neuralgias, muscular weakness of children, hectic fever, consequences of suppressed discharges, etc.

To discriminate is an important but not always an easy task. Some assistance may be derived from the subjoined comparisons.

CONSTITUTION.—The *Calcarea* patient is described as leucophlegmatic, of a light complexion, fair skin, blue eyes, blonde hair, lax fibre. He is plethoric, and exhibits a tendency to early obesity. The activity of the lymph-glands is not proportional to the capacity for assimilation; oxidation is imperfect; hence there is a rapid deposit of fat in cellular tissues, especially about the abdomen; but tissues are imperfectly nourished. Thus, though apparently robust, he is really sickly. His plethora is apparent; his blood is watery and contains too many white blood-corpuscles.

This constitution is generally inherited, or belongs to childhood and youth, when such disturbances of nutrition are quite common. But there are many causes which may develop it, such as long-continued loss of albuminous substances, milk, mucus, semen, etc.

Anæmia and chlorosis are but a step farther on in this condition of hydræmia. Continued defective nutrition or protracted loss of animal fluids are sufficient causes. At puberty chlorosis appears, still under the mask of plethora; but the pale, flabby face, palpitation on ascending, craving for chalk, coal, etc., weak muscles, cold hands and feet, disgust for meat, show plainly enough the true state of the system.

The *Silicea* patient is described as nervous, irritable, with dry skin, pale face, light complexion, lax muscles. He is imperfectly nourished, not from want of food, but from imperfect assimilation. He exhibits but little tendency to corpulence or plethora. In him defective nutrition has permitted a marked debility of the cerebro-spinal nervous system. Thus he suffers from what is called nervous weakness. He is costive from innervation; whenever he is sick, spinal symptoms appear and qualify every other. He is emaciated, there is none of the bloat which so characterizes lime.

His erethism has less vascular excitement than that of lime. While he is exhausted, as shown by his many symptoms of weakness, paralysis, etc., there is an exalted susceptibility to nervous stimuli, which may be termed "irritable weakness," as well described by Dunham.

Thus, then, the *Calcareo* patient has decreased bodily irritability; the *Silicea*, increased.

BLOOD CHANGES.—We have seen that there is a hydræmic condition produced by *Calcareo*. *Silicea*, however, exhibits symptoms of more malignant blood-changes:

Calcareo.

Face pale, bloated, or emaciated, with deep-set eyes, surrounded by dark rings; as if from loss of animal fluids; *anæmia*.

Silicea.

Face pale, earthy, ashy; skin waxlike, or a cadaverous expression; all indicating cachexia, as from cancer, or exhaustion from long-lasting suppuration.

TUBERCULOSIS comes within the range of both remedies. Thus, with Gross, classing white-swelling, hip-disease, with tuberculosis of lungs:

Calcareo.

Especially suited to the plethoric young who have long suffered from copious mucous expectoration (thus losing much albumen); or, after protracted nursing; or, at puberty when the menses set in with profuse and long-lasting flow; congestions to head and to chest; chest extremely sore to touch; also later, cavities have formed; much mucous rattling on the chest; loud breathing through the nose; profuse yellow-white or purulent expectoration; hæmorrhages from the cavities.

Silicea.

Especially suited to the mucopurulent catarrh of old people; loose, rattling cough day and night with dyspnoea, vomiting up of tenacious mucus or yellow-green expectoration; it is generally indicated later in phthisis than lime; viz, in the stage of ulceration with induration and shrinking of the lung-tissue around the cavities. It controls the disease by its power to diminish suppuration, while lime has more effect on the tubercular deposit itself.

Tight breathing, tension across

Asthma worse lying down;

Calcareo.

the chest as from rush of blood; relieved by raising the shoulders; icy-cold between the shoulder-blades; tuberculosis of young, plethoric people.

Night-sweats; limbs cold; sweat during the first sleep; sweat clammy, causes anxiety.

Face pale, with frequent flushes.

Hip-disease; evening diarrhoea; constitutional symptoms; scratching head impatiently when awaking; limping; pain on inner side of knee.

White-swelling of the knee-joint; knee spongy; pressing, stinging intermitting at night and when at rest; worse from flexion, as from going up and down stairs; swelling mostly at inner and lower side of the knee. See also Scrofulosis.

GANGRENE has been cured by *Calcareo*. Thus, in the mouth we find gangrene following canker-sores or stomatitis. Again, an allied condition is described under that doubtful name, gastromalacia; red, raw tongue, emaciated neck, thirst, but no appetite; vomiting of all food; green, watery stool, with little lumps. Cancer uteri and scirrhus of the mammæ have been treated with the lime, constitutional symptoms agreeing.

Silicea.

spasmodic cough with spasm of the larynx; cannot bear the slightest draft on the back of the neck; catarrh of aged people.

Night-sweats; mostly after 12 P.M., towards morning; sweat sour, offensive smelling.

Face pale, waxen.

Hip-disease; watery, exhausting diarrhoea, constitutional symptoms; limping, but generally later, with evidences of caries.

White-swelling. *Silicea* is particularly distinguished by its tendency to cause indurations of cellular parts; thus, between the fistulous ulcers there are irregular, hard elevations, reddish, but transparent as if filled with glue; the pains are lancinating; caries of the bones is present.

Silicea is more specifically adapted to malignant diseases; gangrenous inflammation and ulcers; fungi which readily bleed; CANCEROUS ULCERS: thus, ulcer on right border of tongue eating into it, discharging much pus; brown, profuse, fetid ichor from uterine cancer. Akin to this is the *lupus* which *Silicea* cures: serrated ulcers with grayish surfaces corroding the cheek, threatening perforation, the surrounding parts being indurated. See also *Carbuncle*, under Cellular Tissue.

TISSUES.—*Calcareo* has a nutritive action on nerves, mucous membranes, glands, skin, cartilage, bones.

Silicea acts on nerves, fibrous structures, cellular tissue, skin, bones.

NERVES.—*Mental State*. Lime has running through all its symptoms a peculiar anxiety of both mind and body. This condition is not so marked in *Silicea*.

Thus we find as characterizing the lime,—

Fear of going crazy with great anxiety lest others shall observe it.

Anxious, timid, full of fear; cannot bear to be alone, or in the dark; hence always worse at night and twilight.

Emotions, excitement, cause anxious sweat; flying heat through the body. Becomes anxious if he listens to tales of cruelty.

Fright with præcordial anxiety.

Sudden blindness with anxious sweat.

Anxiety, as if from the stomach, with nausea and vomiting.

Anxious dread of disease; is in constant dread of heart-disease.

Anxiety abdominal, when standing.

Anxious thoughts with fear of death, before sleep.

Awakens with anxiety and heavy breathing.

Cardiac anxiety with suicidal mood; wants to stab herself.

Silicea also gives us a suicidal mood, with *anxiety* referred to the epigastrium, desire to drown oneself. But *anguish* is not so interwoven through symptoms of all parts of the organism as with the *lime*. Sometimes while sitting, the patient is attacked with anguish, which forces him to rise and walk about. Palpitation after dinner; after anxious dreams. These few symptoms of *Silicea* depend upon its action on the abdominal ganglia, especially the solar plexus, as will be seen under "Convulsions." Akin to this state is a condition of mental concern; melancholic, despairing mood.

Under *Calcareo*, we find the greatest possible fearfulness, dread, timidity. The patient

Despairs of recovery; fears loss of reason; dreads some imaginary impending calamity; as evening comes, he is filled with awe, shudders; his imagination is so excited that he pictures visions of rats and mice; thinks some one is walking by his side; converts articles of furniture into animate objects, which alarm him.

Thus the *Calcareo* patient is excitable, predisposed to delirium. Alcoholic liquors develop readily a delirium tremens with the above symptoms of an excited mind. In typhoid states, it is an invaluable remedy in the beginning, when

On closing the eyes he sees visions of persons or horrible fantastic forms. Sleepless, the same thought continually runs through his mind, keeping off sleep.

Silicea differs here materially. It has equally marked gloominess, despair, weeping, but the mood is different:

Dread of disease; great solicitude concerning his *spiritual* welfare; compunctions of conscience about trifles.

Yielding mind, faint-hearted, showing the depressing char-

acter of *Silicea*. Fear is not so marked a characteristic as with the lime. The imagination is weak, not excited; it forms few or no delirious fancies. At night, under the stimulus of vivid dreams, however, the *Silicea* patient awakens with horrible imaginings or falls into a distressing state of nightmare. But this phenomenon is not so much owing to a primarily excited brain as to a diseased condition of the abdomen; the solar plexus is the nervous centre whose deranged action is reflected to the cerebrum.

Thus the latter remedy has no place in hallucinations, and cannot cure mania a potu like lime. Wine, in fact, only causes ebullitions of blood, not delirium. See also Special Senses.

The mental aberrations of *Silicea* are more allied to imbecility than to insanity:

She sits playing with pins; is afraid of their sharp points; she is under the delusion that they are in her throat; they occupy her mind constantly.

Obstinacy, wilfulness, characterizes both remedies and is common enough with children. The differences are only in degree, *Silicea* has more marked:

Child obstinate; cries when kindly spoken to; will not tolerate friendly persuasion.

Worse from mental exertion, study. Prominent in both. Under *Calcarea* there is no aversion to mental labor, but it fatigues, causing

Hyperæmia of the brain; chorea; trembling spells; headache, the pains changing about; dyspepsia. Especially is it useful for school-children who are growing rapidly. Under *Silicea* there is a condition which Dunham well describes:

Fatigued, dreads labor, yet there is a nervous erethism which makes him work well when once he has commenced.

Mental labor causes nervous weakness; dizziness; pressing frontal headache.

VERTIGO.—Both appear in vertigo from excessive use of the eyes; from study; with rachitis; with nausea; from suppressed discharges; from loss of animal fluids.

Calcarea represents vascular erethism.

Vertigo when ascending a height, as going upstairs.

Vertigo with cerebral hyperæmia from suppressed menses; from checked hæmorrhoidal flow.

The pneumogastric sympathizes, for nausea is soon produced.

Silicea represents a spinal origin ; its forms are more purely nervous :

Vertigo rising from dorsal spine, spreading thence to nape of neck and head.

When of vascular origin it is more from venous stasis :

Vertigo with constipation, venous stasis, deficient peristaltic action ; but here, too, the *cause* of this state is in spinal innervation.

Silicea is peculiarly obnoxious to anything which jars the nervous system, causes concussion ; hence,

Vertigo when riding.

Calcareo.

Vertigo with tendency to fall backwards or sideways.

Silicea.

Vertigo with tendency to fall forwards or sideways.

We can appreciate the value of thus noting the direction of real or apparent falling, when we remember that vertigo is frequently caused by partial cerebral anæmia. This results from sudden constriction of vessels from local vaso-motor irritation. Thus ensues loss of equilibrium and consequently a sense of falling. The direction differs according to the parts of the brain so affected.

THE HEAD.—Congestion to the brain figures in both, but under quite different circumstances.

Under *Calcareo* the determination of blood is profound. There are hammering, thumping, boring pains ; the head feels as if it would burst through the skull ; buzzing, roaring in the ears ; throbbing in the very centre of the brain ; red, puffed face. In fact there is a state of plethora—not perhaps from absolute excess in quantity ; but the lax fibre of the *Calcareo* patient permits these rapid congestions, when an exciting cause exists, as alcoholic drink, suppressed menses ; severe mental labor, etc. Thus apoplexy may be produced, especially as lime favors degeneration in the coats of bloodvessels.

Silicea, on the other hand, has not plethora as a determining cause ; suppressed discharges, as checked foot-sweat, talking, study, may develop congestion towards the head.

But the cerebro-spinal system is again at fault :

Rush of blood to the head, coming up from the spine into the back of the head.

Calcarea.

Feeling of icy coldness, mostly right side of head; face pale, puffed.

Apoplexia sanguinea.

Migraine, from occiput to vertex; feels as if brain was dissolving, and she was becoming insane; wild feeling; brain very sensitive to shrill noises; roaring, buzzing in the ears, better with eyes closed; dim vision, especially after a full meal; nausea, vomiting at the height of the attack; worse from alcohol, from study after dinner, from suppressed menses; suddenly checked hæmorrhoidal flow; scalp covered with dandruff.

Headache, with boring in left temple.

Headache better from tying something around the head.

Special Senses.—Amaurosis from suppressed menses, hæmorrhoidal flow, etc.

Amblyopia, with headache; with abdominal complaints.

Mist before the eyes after eating, after reading; anxious sweat; nausea; bright flashes.

Dilated pupils.

Sees only one side of an object.

Short-sightedness; or, long-sighted.

Silicea.

Feeling of coldness from nape of neck to vertex; head heavy.

Apoplexia nervosa.

Migraine, from nape of neck to vertex; loss of reason; or a peculiar exaggeration of mind; must restrain himself to prevent committing violence; worse from noises *jarring the head*; roaring in the ears as from something alive in them; eyeballs sore when revolved; loud cries; nausea to fainting; dim sight *after* headache; worse from study; with great *nervous exhaustion*; better *while* eating; worse after; from suppressed foot-sweat; straining to stool; scalp sensitive, covered with papulæ.

Headache.

Headache worse from pressure even of the hat.

Amaurosis from suppressed mucous or purulent discharges, or *foot-sweat*.

Amblyopia *after* the nervous headaches.

Letters run together; look pale after reading a short time; lightning-like flashes; nervous feeling in the head.

Contracted pupils.

Day blindness.

Only long-sighted.

We have seen that only lime causes mania a potu; both, however, have amblyopia from excessive use of alcoholic liquors, but with differences in temperament:

Calcarea.

Sight impaired by excessive drinking of alcohol; face red, bloated; sluggish.

Hardness of *hearing*, of rheumatic origin; abuse of quinine; beating in the head and ears; hence vascular erethism predominates. Better from sweating; worse in the open air.

Cracking in ears when cheering.

Silicea.

Amblyopia from abuse of stimulants; *sensitive, nervous persons*.

Hardness of hearing, more of nervous origin; deaf to the human voice, during changes of the moon, suddenly after a faint; ringing in the ears and deafness with the paralysis.

Report in ear when blowing nose, then better.

The action of *Silicea* on the nervous system is at once peculiar and important. It seems to correspond to nervous phe-

nomena which usually arise from organic changes in nerve-structure. Defective nutrition is here felt profoundly; but withal there is an overexcitability already, in part, referred to. There is an oversusceptibility to nervous stimuli. The senses of vision, hearing and smell are at first sharpened when neuralgia begins, but later, become dulled. This erethism enables the *Silicea* patient to work on in spite of his increasing exhaustion.

He feels an ennui and dread of mental and physical exertion, but when "warmed up," goes on with an alacrity which amounts to overdoing. This has been well illustrated by Dunham. So, too, in consumption, he does not feel badly while walking, but when he stops to rest, dyspnœa, and cough, and sweat, and almost fainting exhaustion attack him. Sight is good enough during his nervous headache, but afterwards he is almost blind.

So again with spasms, Dunham has shown that they may be provoked by fatigue, muscular exertion, etc., as for instance, cramp in the feet after walking, writer's cramp, etc.

This irritability gives us a valuable hint: Touch cannot be tolerated; parts rested on go to sleep; jarring or noise cause intolerable headache. Riding, which is a passive motion with jarring, causes distress, and further,—

Riding in a carriage produces momentary unconsciousness.

Calcarea, on the contrary, has not such extreme nervous susceptibility. It is more characterized by torpidity, while *Silicea* only exhibits torpidity in its attack on the lower tissues; abscesses, for instance.

Lime, it is true, has brain excitable, sensitive to shrill noises, alternate acute and dull hearing; but these are not so marked or general as in *Silicea*.

Calcarea.

Spasms; aura, like a mouse up the arm, or from pit of stomach through abdomen to feet; cold thighs before attack, chewing motion of mouth, stretching the limbs. Worse during full moon, protracted intermittents, etc.

Chorea from fright; muscular twitchings; throws herself about, tries to grasp clothing of bystanders, bites, spits, eyes wide open; also in hysteria.

Awkward; clumsy.

Silicea.

Spasms; aura, like a mouse running through the limbs, or from solar plexus to the brain; left side cold; left arm twists; starts in sleep; moaning, loud groaning. Worse during new or full moon; after vaccination.

Dissipation, hard work, with close confinement, cause obstinate neuralgias, hysterical attacks, or paralysis.

Cannot hold things; spine-disease.

Calcarea.

Weak and faint before breakfast; better after eating; loss of fluids.

Muscular debility; feels sore; stiff when beginning to move; muscular atrophy; parts feel subjectively cold; trembling of inner and outer parts.

Gressus vaccinus; weak feeling in the back; worse from mental annoyance, can hardly rise; softening of the spine, with contraction of the limbs.

Spermatorrhœa; complaints from coition, from onanism; limbs weak, especially about the knees; lassitude, hands tremble; chorea; palpitation, epilepsy; pressure in head and back; angry, discontented, excitable after coition, which was imperfect.

Silicea.

First on leaving the bed in the morning, cannot walk, so weak; spine-disease.

Weakness from spine; legs tremble, with great nervousness; feeling of loss of power; *buzzing in the ears*, head heavy, can hardly raise it, as if cervical muscles failed; muscles atrophy; numb feeling.

Gressus gallinaceus; spasmodic pain in small of back, can hardly rise; spinal irritation.

Spermatorrhœa; complaints from coition; emissions, followed by sensation as if right side of head were paralyzed; limbs feel bruised; right arm and wrist weak; burning in the feet, with sweat; sacrum aches; nervousness, often better after emission.

Electric and barometric changes, etc.

Calcarea has decided aggravation from,—

Cold air, drafts, especially if *cold and damp*.

Northeast winds, because they are usually damp.

Worse from washing: eruptions, rheumatism, ischias; pains in the limbs; rhagades; ulcers cannot tolerate wet poultices.

Silicea, more than the lime, suffers from electric changes,—

Worse in dry rather than wet weather.

Worse in west or southwest winds; in stormy, windy weather; in changeable weather, when electric variations are marked.

Washing does not so disagree as with lime. It may produce:

Heavy feeling in the hands (here again showing the nervous influence); abscess from getting the feet wet, sitting with the feet in water.

Worse during a thunder-storm; great debility. *Silicea* more than *Calcarea* has desire to be magnetized.

Calcarea.

Worse from cold air; it seems to go right through her; worse from a draft of air.

Silicea.

Worse from least exposure of the feet; a draft on the back of the neck causes pain and nervousness.

Typhoid conditions may be classed here :

Calcareo.

First stage, when on closing the eyes, sees persons and things ; the same idea haunts him all night, keeping him awake ; on 14th day, rash does not appear, anxiety, delirium, red face, diarrhœa, short cough.

Paralysis. *Lime* causes paralysis of parts as a result of exhausting sweats, loss of animal fluids ; it acts mainly on arms, fingers, with great coldness ; spinal paralysis from frequently getting wet.

Silicea.

Great debility, profuse sweat ; desire to be magnetized ; sleepless ; sometimes when thus prescribed, it develops superficial boils and abscesses, thus determining the disease to the surface.

Paralysis. *Silicea* develops a paralytic difficulty in swallowing ; paralysis of the limbs of spinal origin, with constipation ; paralysis as a sequel to convulsions ; paralysis affecting prominently the sensory nerves.

Both produce a paralytic state of internal organs ; but only *Calcareo* has cured impending paralysis of the lungs in scarlatina :

Loud rattling in the windpipe, hot breath ; præcordial anguish ; no cough ; rattling mostly noticed during expiration.

MUCOUS MEMBRANES.—Catarrhs.

Calcareo has a more marked action on mucous membranes ; blennorrhœas are more general. *It increases the secretion of mucus.*

Calcareo.

Mucous membrane inflamed, increased mucus.

Silicea.

Inflamed, with no secretion, or with serous secretion.

Nasal catarrh, especially when there is a scrofulous tendency to frequent attacks :

Calcareo.

Sudden, violent, fluent coryza ; dropping of water from the nose ; much sneezing ; heat in the head ; mouth dry ; palate rough, with a stinging pricking, causing cough ; chill and heat alternately ; A.M., on awaking head hot ; pain over root of nose ; neck stiff ; inertia.

Chronic cases : smell before the nose as of manure or gunpowder, or putrid eggs ; discharge thick, slimy, mixed with blood ; edges of nostrils sore ; swelling of nose, especially at the root, frequently going and coming ; discharge stops in the morning and thus causes a dull, stupefying headache. There are painless hoarseness, and accumula-

Silicea.

Alternately dry and fluent coryza ; with every fresh cold stoppage and acrid discharge from the nose ; frequent but ineffectual sneezing ; makes inner nose sore and bloody ; dryness of the throat ; rough cough ; itching in the Eustachian tube ; often useful in rose cold.

Chronic cases : smell before the nose as of recently slaughtered animals ; discharge slimy, tough, or acrid, bloody, making inner nose and edges of nostrils sore and bloody ; faceache ; pains into nose and antrum of Highmore ; discharge stops in the morning, and thus causes pounding, throbbing in frontal sinuses, which are also affect-

Calcarea.

tion of mucus in the throat. Sometimes there is purulent, fetid, yellow-red discharge, making lip sore; itching red pustules on the cheeks; tip of nose swollen; red; becomes scurfy.

Uvula swollen; dark-red; covered with little blisters; aphthæ on roof of mouth; hawks saltish mucus, or in early morning profuse phlegm is raised.

Feeling of a lump in left side of throat; compelled to swallow saliva often, which seems to cause the lungs to descend.

Tickling in the throat as from a feather.

Throat feels narrowed; he must swallow frequently; pharynx spasmodically contracted; food seems to remain sticking in œsophagus, with a sort of nausea.

Tonsils swollen, chronic cases; palate elongated; pains extend to ears when swallowing; whitish-yellow ulcers on tonsils.

Silicea.

ed; there is husky voice or *nasal voice*; hawking of green, fetid mucus in the morning. *Indurated* mucus in the nose; curdy secretion; tip of the nose red, itches intolerably; tetter on the nose.

Uvula sore, pale-yellow in color; swollen; throat very dry; ulcers which seems to perforate the parts; hawks *tough* slime, or thick green fetid mucus.

Feeling of a lump in left side of throat; swallows with great difficulty; chronic tonsillitis; see also below.

Like a feather on the tongue; pricking in the throat as from a pin.

Throat sore as if the food glided over sore spots; swallowing forces food up through the choanæ; or painful, difficult swallowing as from paralysis; the food goes down slowly.

Tonsils swollen, chronic cases; also in quinsy to hasten the abscess, or stop the purulent discharge when too long lasting; swallowing distorts the face; deep ulcers, even gangrene.

SCROFULOSIS.—*Calcarea* has more action on *glands and their functions*, *Silicea* more on *bones and fibrous structures*. We shall see that whatever affections depend upon hypertrophy of cellular tissue or of fibrous, or conversely depend upon destructive changes in these parts, are better cured by *Silicea*. In nature and art, *Silicea* seems to give hardness and stability to bodies. Thus, flint, quartz, glass, the covering of some seeds, the stalks of plants, and the bones of animals.

Calcarea.

Difficult dentition; child fat, fair, plump; face often red; or emaciation general except abdomen, which is large, hard, swollen; head too large, with open fontanelles; sweat on the scalp in large drops, wets the pillow far around during sleep; gums pale, shiny; threatened hydrocephalus; glands swollen about the neck; loose, rattling cough; stool like lumps of chalk; sleepless

Silicea.

Difficult dentition; child emaciated, but head is too large; face pale, waxen-hued; abdomen hard, swollen, *hot*; fontanelles open; profuse sweat only on the head; profuse salivation; gums sensitive, child frequently grasps at the mouth; blisters on the gums; feverish every evening and night with hot head, restlessness; costive, the stools partly expelled slip back; usually

Calcaria.

after 3 A.M.; feet cold, damp; child sweats easily and takes cold; convulsions.

Ophthalmia; stinging pains; sweat on the forehead; keratitis pustulosa, profuse lachrymation, excessive photophobia, lids red, swollen; sticking pains; ulcers on cornea highly vascular; spasmodic closure of the lids.

Dry scurf on the lids during the day.

Indurations after stytes.

Eyes worse morning, changes to damp cold weather, in the gaslight.

Cornea ulcerating, bland pus; or opacity of the cornea, milky-white or bluish in color.

Cataract.

Traumatic ophthalmia; feels as if a foreign substance were in the eyes.

Fistula lachrymalis; thick yellow bland pus; itching, humid eruption on lids.

Otorrhœa muco-purulent; ulceration of meatus; granulation; then polypus; scurf or boils about ears.

Swelling of the upper lips as in scrofula.

Parotid glands swollen, especially in scarlatina; it suppurates and discharges an ichor; great prostration; throat sore; cervical glands swollen.

Caries of the teeth; pains, especially around loose stumps, throbbing pains with great rush of blood to the head; gum-boils, bleeding of gums; fistula dentalis.

Appetite ravenous; or fastidious, longing for boiled eggs; scrofulous children.

Children refuse the milk of the mother, it is watery, nauseating.

Vomits milk as soon as taken, sour, curdled.

Silicea.

very dark, loose, and offensive; feet sweat, especially between toes, sweat is fetid, makes toes sore. (See Guernsey's *Obstetrics*.)

Ophthalmia; especially useful when ulcers or abscesses form on iris or cornea, sloughing ulcers of the cornea, *perforating ulcers* followed by *corneal fistula*; *hypopyon*; biting pains in the canthi.

Cystic tumors on lids, suppurating; edges of lids ulcerate.

Styes which become filled with pus.

Eyes worse from gaslight, and from daylight, which dazzles the eyes.

Cornea thick, rough, wartlike as if *hypertrophied*; scales off; cicatrices corneæ; opaque after small-pox.

Cataract after suppressed foot-sweat.

Traumatic ophthalmia, suppuration.

Fistula lachrymalis, gnawing pains; thin, offensive pus, bones have become caried.

Otorrhœa purulent; also from *carries*; *catarrh of the middle ear*; carries of the mastoid process.

Lips swollen, ulcerated, even cancerous.

Parotid glands swollen, *indurated*; or suppurating when the process is too slow, is painless, and healing is too tardy; even in scarlatina.

Caries, especially with coaffected periosteum; throbbing as if in the jaw-bone; pains shooting into the antrum; gum-boils; fistula dentalis with caries of jaw-bone.

Appetite ravenous; or fastidious, craves dainties; scrofulous children.

Children have an aversion to mother's milk.

Vomits the mother's milk as soon as taken.

Calcarea, acting more on mucous surfaces, cures mucous polypi—in the ear, nose, bladder, uterus. *Silicea*, as we have several times observed, acts more on connective tissue; hence it is more often indicated in indurations—hard scars or indurations after boils, abscesses; arm and hand swollen, cellular tissue indurated; thigh twice its natural size, indurated, etc. Both cure caries, curvatures of bones, rachitis; but *Silicea* is preferable in periosteal diseases; in necrosis, with fistulous openings, fetid, ichorous pus.

In rachitis they are indicated, but generally in different stages. In the beginning, when the child refuses to move about, lies down almost all the time, the joints begin to swell, but are still normal in color, *Calcarea* is indicated, because lime acts on the *epiphyses*, and it is their tumefaction which produces the enlarged joints. It is at this stage that a white, frothy diarrhoea often appears, also pointing to lime. There are incrustations on the face; voracious appetite, yet the child wastes; the skin becomes flabby, harsh, wrinkled; the child looks like an old man.

Silicea generally suits *after* lime. There is the same large head, bulging forehead, emaciation; but there is a much more marked tendency to ulceration; slight scratches refuse to heal; glands suppurate.

Calcarea.

Ulcers, with red, hard, swollen edges, high and feeble granulations, without much pain, or tearing-throbbing pains; ulcers whitish or yellow; pus sour, scanty, or profuse and bland, *albuminous*; sometimes offensive; worse from wet poultices.

Warts, small, *soft*.

Hang-nails, nails ulcerate; rough skin between the fingers.

Rhagades, worse from working in water; cracking, bleeding.

Skin dry, parched.

Erysipelas in repeated attacks.

Acne simplex, after sexual excesses; at puberty.

Suppressed itch followed by otorrhoea.

Arthritic nodes. Rheumatism from working or standing in water.

Silicea.

Ulcers, with hard edges, *indurated far around*, proud flesh; stinging-burning itching; edges sometimes spongy; ulcers black, cancerous, gangrenous; pus thin, ichorous, offensive; perforating ulcers; phagædenic, fistulous, from bones; ulcers in *membranous parts*; better from warm applications, wet or dry.

Warts *hard*.

Nails rough, thick; or brittle, ulcerate; *ingrowing toe-nails*; sore between toes.

Rhagades not common except on face and arms; *elephantiasis*; *callosities*.

Skin like parchment, *thick*.

Erysipelas after suppuration; deep-seated phlegmonous erysipelas.

Acne indurata; acne simplex, burns all day, not at night.

Scabies papuliformis; especially if ulcers form.

Rheumatism rare; felt in change of weather; hereditary forms.

Calcareæ.

Eruption of white spots, and scattered red patches on wrists, hands, thighs, legs, with violent irritation.

Eczema; thick scabs, bleeding when picked; pus yellow, bland; eruption spreads to the face and ears.

Eruption in the form of ring-worm; small white patches of thick scabs here and there on the face and scalp.

Variola during dentition.

Swellings pale; shining (as in tumor albus); cold swellings.

Bad effects from strains; back-ache, headache, stiffness in lumbar region; strains, after the failure of Rhus. Brain symptoms after a fall or blow on the head, especially after *Bellad.*

Prevents return of felons, of boils; also in tardy suppuration, especially when worse from wet poultices; rheumatic diathesis

Silicea.

Eruption of acne on backs of hands; phagædenic blisters on the fingers; burn more by day.

Eczema, moist or dry, more offensive, scabby, burning-itching, scratching makes worse; spreads from back of head; discharges pus; *pustules form.*

Ringworm, with formation of pustules. See Cataract.

Variola desiccation delayed; suppuration exhausts; bone diseases as a sequel.

Swellings bluish-red; hot swellings.

Strains, wounds, with suppuration and tardy healing; bursa mucosa of knee-pan from long working on the knees; *anthrax*; *non-malignant carbuncle*. Splinters, with festering, foreign bodies under the skin, brings them to the surface.

Felons, bone-felons, boils; tardy or long-lasting suppuration; pains unbearable, fainting; pains worse when warm in bed.

FOREIGN BODIES IN THE AIR-PASSAGES,

WITH REPORT OF A SUCCESSFUL CASE OF TRACHEOTOMY FOR RELIEF OF THE SAME.

BY CHARLES M. THOMAS, M.D., OF PHILADA.

(Read before the Homœopathic Medical Society of Pennsylvania.)

THERE is, perhaps, no class of surgical cases in which a clearer head and sounder judgment are required, than those in which our aid is sought for the relief of obstructions in the air-passages. We probably find the patient suffering the most direful agony, in his frantic struggles for breath, and there is no time here for consultation or reading up of the case. Relief is often wanted immediately, for unless by our efforts timely assistance can be afforded, the danger which is apparent becomes real, and death is almost a certainty.

The majority of the victims of such an accident are children, although adults are by no means exempt.

The usual way in which a foreign body finds entrance to the air-passages is through the vocal chink. It takes place

during a forcible inspiratory act, as, for instance, from sudden fright, or a fit of laughter, while the mouth, nose, or pharynx contains some movable body. The substance may also pass in, though much less frequently, through a fistulous opening in the trachea, particularly where this communicates with the oesophagus.

Almost an incredible variety of substances have, in one way or another, found entrance into the respiratory organs; among the most common are the stones and seeds of various fruits, as cherries, dates, plums, melons, etc.; grains of corn, pieces of bone, beans, peas, pills, flies, half-digested food, thrown up from the stomach, etc., etc.

The presence of a foreign body in the air-passages, may bring about the most various results. Its entrance may be immediately followed by death, either through complete mechanical obstruction, from the large size of the body, or through spasm of the glottis, excited by contact of the body with the rima. In some cases, when the substance is quite small, and favorable in form, it may be cast out again by the violent cough which is caused by its entrance. In the great majority of cases, however, the foreign body remains for some time in the air-passages, without bringing on a fatal termination. The patient then suffers from irregularly occurring attacks of suffocation, convulsive cough, great anxiety, possibly frequent chills, and very generally a marked change in the sound, and perhaps entire loss of the voice. He experiences a sense of rawness inside the chest, particularly at the spot where the substance is lodged, the sputa becomes foamy and bloody, especially when the foreign body is rough or angular. Following the most violent attack of suffocation, we may have more or less complete rest, and freedom from both cough and pain. After an intermission of this sort, a fresh attack sets in, throwing the victim into the most violent convulsions; the face becomes livid, the body most painfully contorted, the eyes become bloodshot, and seem to start from their sockets; the skin is bathed in cold perspiration, the throat is clutched and torn at by the hands, and not infrequently, violent hæmorrhage from the nose and mouth sets in. If the body has stuck fast in the rima, completely filling this space, and is not dislodged, the extremities soon become cold, unconsciousness follows, and the patient dies of suffocation. When the body has passed the larynx, and rests in the trachea, the symptoms are not nearly so violent, and may cease entirely for awhile,

but renewed and most distressing attacks are almost sure to follow, particularly when the body is loose, and liable to be thrown up into the laryngeal cavity, and any one of these paroxysms may prove speedily fatal.

The most sensitive portion of the respiratory tract is the upper vocal chink, and the least contact here sets up the most violent attacks of coughing. If the foreign substance has penetrated farther than this, it no longer causes so great an irritation, and so long as it remains below this point, the danger is more from the mechanical impediment it offers to the breathing, by closing or narrowing the air-passage. The foreign body may become impacted at any point, particularly if it be sharp and angular; or being of an animal or vegetable nature, expands on coming in contact with the warm, moist, mucous membrane of these parts. On the other hand, if it be small, smooth, and does not increase in size, it may, during breathing, be driven up and down the trachea, so that, during an inspiration, it may be drawn into one of the bronchi, and by the following expiration be driven up to the larynx. Indeed, when there is much mobility of the body, it can be very distinctly heard in its passage up and down. In such cases it is liable at any time to stick fast in the larynx, and so bring on a fatal attack of strangulation, or it may remain in and block up a bronchus. At times, in consequence of violent and ineffectual straining, the air is greatly compressed in the lungs, by which the lung-cells and finest bronchial branches are forcibly dilated, and finally ruptured. In this manner we have *pulmonary emphysema*, and finally, *general emphysema* setting in—the air passing from the lacerated lung-cells into the mediastina, and thence into the connective tissue of the neck and trunk; or a *pneumothorax* may follow, if the pleura covering the torn vesicles gives way as well. Should the violence of the acute symptoms abate, and the foreign body still remain undislodged, we may yet have the constant irritation caused by its contact with the delicate mucous membrane lining the respiratory tract, keeping up an incessant cough, and catarrhal inflammation, and finally ending in ulceration of the laryngeal, tracheal or bronchial wall, at that point where the body is lodged. This *may* result in a relief of the impaction, so that the body becomes movable, and is finally coughed up; but if the substance remains firmly fixed, the ulcerative process advances uninterruptedly, and at last ends in perforation of the air-passage. Even after this the case

may terminate favorably should an abscess form about the body and break outwardly ; or a vomica establish itself, and, emptying into a bronchial branch, discharge its contents, including the foreign body, by the mouth. As a rule, however, such cases soon take on the appearance of *phthisis pulmonalis*, and, even though the body be gotten rid of, will eventually prove fatal. *Acute pneumonia* may set in shortly after the accident, and so end the patient's life ; or the foreign body being removed, it may run a favorable course, and leave the lungs perfectly sound. Lastly, though very rarely, it is possible for the body to remain in the air-passages for months, or indeed years, without causing any evil consequences.

The diagnosis of a foreign body in the air-passages is at times a matter of considerable difficulty, notwithstanding the apparently well-marked symptoms attending the accident. With children one is more liable to err than with adults, as the latter can, as a rule, on the subsidence of the paroxysm, give a clear account of what has happened. Hence we find that one of the first and most important points in the diagnosis is the history of the accident, a description of the size and appearance of the object, the order in which the symptoms appeared, etc., although this is frequently impossible to obtain with any degree of accuracy. If the body is found to be of too great a size to pass the rima glottidis, we may infer that it is sticking fast in the œsophagus, and causes the cough by its pressure on the trachea. If it was a body of smaller size, we must in all probability search for it in the air-passages, for a small object situated in the pharynx or œsophagus would hardly be capable of exciting attacks of strangulation. If it be situated in the upper part of the larynx we can easily detect it through the mouth by means of the finger, or, in the adult, with the aid of the laryngoscope. In children the case may often be rendered doubtful if the little patient happen at the same time to be suffering from a disease which causes him spells of coughing and difficult breathing. Thus, in *croup* and *whooping-cough*, the violent paroxysms might very easily be mistaken for strangulation from a foreign body, particularly if the child has shortly before had articles in his hands or mouth that could readily be swallowed. In such cases, one very important point in the diagnosis is the fact that in these diseases the respiration is mainly interfered with during the inspirium, while a foreign body will produce difficulty principally during the expirium. Another difficulty to be met in

deciding upon the presence of the foreign body, is the possibility of its having been thrown up into the mouth and immediately swallowed, the existing symptoms being the result of the irritation previously set up by its presence. Auscultation will here very frequently throw some light on the subject. If the body be movable, it may be heard in its passage up and down the trachea; when it is not so, but fixed in the trachea or one of the larger tubes, it is not unfrequently possible to make out through the chest walls a peculiar squeaking, whistling, or valve-like sound, indicating the position of the body. If the body lodges in a bronchus (and when it does it is generally the right) or bronchial branch, and is large enough to more or less completely close its calibre, we generally hear in the other lung an increased vesicular murmur, while on the side of the obstruction, according to the degree of impediment in the bronchus and the mobility of the foreign body, there will be found a whistling, rattling, and later, where the irritation has set up an increased exudation, coarse moist râles. Should a portion of the lung be cut off from entrance of air, the respiratory murmur over this area is lost, and percussion elicits here a less clear tone. A very frequent source of error is the marked *intermission* of the symptoms. It may appear rather singular, and yet it is a matter of fact, that a child with a foreign body in the larynx may have intervals of complete freedom from trouble, may seem perfectly cheerful, and play about as usual, without by any symptoms betraying his critical condition.

The prognosis in cases of foreign bodies in the air-passages, is naturally very dubious. It will always be influenced by the nature of the substance, the portion of lung involved, strength of patient, etc. With children the prognosis is more unfavorable, owing to the greater sensitiveness and smaller calibre of the passages.

Treatment.—So soon as we are convinced of the presence of a foreign body in the windpipe, it becomes our duty to lose no time in effecting its removal. At first sight, the simplest method of accomplishing this would appear to be the *inversion* of the body, accompanied by sharp blows on the back, with the view of dislodging the substance and allowing it to be expelled through the mouth. Practically, however, this is not a procedure to be generally recommended, as it has succeeded in but few cases, and those only when the body was of high specific gravity. The exciting of coughing, sneezing, or

gagging, with the patient in a prone position, and the upper part of the trunk dependent, has in rare cases brought about the desired result. But even though we should in this way succeed in moving the body from its position, we still run a great risk of its being caught in the larynx on its way out, and thus bring on sudden death by spasm of this organ. If the method by *inversion* is used at all, it would probably be most safely performed under deep narcosis, when the muscles of the throat and larynx are perfectly relaxed, so that the narrow vocal chink may offer as little impediment as possible. On the whole, however, such attempts are often fraught with loss rather than gain to the patient, inasmuch as they have frequently resulted in a fatal postponement of operative interference. During these vain endeavors by milder means to avoid the use of the knife, many a patient has lost his life; or in this time has suffered such an aggravation of his condition that the so tardily performed operation has been of no avail. We should beware of permitting our fears to be lulled to rest by the apparent mildness of the attack and occasional complete intermission of all symptoms, or of allowing ourselves to be deceived by the hope that the body may have been carried away in the great quantity of mucus which the patient has been coughing up. So long as we have no positive proof that this is the case, and there is still a fixed circumscribed pain, and we hear, even though it be only at intervals, a whistling or rattling in the chest, operative measures are called for, either immediately, or at farthest on the very first appearance of a renewed attack of strangling. At the same time we are not to forget that a cutting operation may in the adult sometimes be avoided, when the foreign body is situated high up in the larynx; in which case it is possible to get a clear view of it by means of the laryngoscope, and with a pair of laryngeal forceps withdraw it without doing violence to the larynx; but when it is lodged well down in the cavity of the organ, it would hardly be possible without a long course of training, to render the parts sufficiently tolerant of contact to allow of the necessary amount of manipulation requisite for its removal, and the time demanded for this could scarcely be had in such emergencies. Hence, everything considered, we may safely lay down the rule, that *so soon as the surgeon has satisfied himself that there is a foreign body in the air-passages, he should temporize as little as possible, and proceed to lay open the windpipe without unnecessary delay.*

It is for the removal of foreign bodies that the operation of *tracheotomy* wins its brightest laurels. Of 141 cases reported by a German authority, 101 resulted in complete success, while in 166 operations for *croup*, collected from a number of selected individual reports, there were but 100 recoveries. "The operation may be performed anywhere between the thyroid cartilage and the sternum, but convenience and safety limit the choice more narrowly. The space between the thyroid and cricoid cartilages, though covered with little besides the integuments, and so far favorable for the purpose, is objectionable in general on account of the difficulty which has been experienced in obtaining here a sufficiently large aperture, without encroaching on the cartilages of the larynx. In opening the trachea near the sternum, the depth of the tube, which retreats backward as it descends—the presence of the thyroid veins in the line of incision, or even occasionally of the *thyroidea ima* artery—and the transverse portion or isthmus of the thyroid gland, which often, especially in females and children, leaves hardly any accessible space below its inferior margin, are obstacles of no inconsiderable importance. The most convenient situation, when accessible, seems to be immediately below the isthmus of the thyroid. In some cases the opening is made just below the cricoid cartilage, and at times the isthmus of the gland cut through, to give more room for manipulation."

The instruments required for tracheotomy, as ordinarily performed, are, a scalpel, artery and dissecting forceps, double hook, scissors, two tenacula, two blunt hooks, ligatures, sponges, long curved trachea forceps, and a tracheotomy tube, although the last is rarely needed in operating for a foreign body.

The skin is to be divided as accurately as possible in the median line, from a little below the cricoid cartilage to within an inch of the sternum. Any vessels that are cut should be tied, as it is very important to avoid bleeding, not only lest the parts should be obstructed, but lest the blood should get into the air-passages. The surgeon comes next to the space between the sterno-hyoid muscles, and working down through this, he comes upon the trachea, the thyroid body being held up if necessary with a blunt hook. All bleeding being checked, a tenaculum is hooked into one of the upper of the exposed rings, and the tube slightly drawn upward and forward, so as to steady it, while a bistoury is entered through one of the lower spaces,

its edge upward, and then, the handle being depressed so as to bring the edge forward, is carried firmly and steadily upward so as to divide three or four rings with the intervening membranes. At this point, instead of introducing a tube through the opening, as in tracheotomy for other affections, the edges of the incision in the trachea should be held asunder by a couple of hooks or ligatures, until the source of irritation is expelled by the forcible stream of air which it occasions. The moment the incision into the trachea is finished, the patient should be turned on his face, with the head hanging down, and slapped sharply on the back for the purpose of loosening the body and favoring its expulsion. Should the foreign body not appear at the opening, a pair of curved slender forceps may be employed for searching the trachea both above and below the point of incision. If this exploration is not soon successful, it should be desisted from, for fear of doing injury to the parts, and the patient left, with the wound held wide open by hooks caught in the sides of the incision, including the trachea, and fastened in position by tapes tied about the neck. When the body is in the larynx, a canula had better be introduced, as it does not interfere with the expulsion of the body, and at the same time prevents its passing farther down the passage. Should the foreign body be expelled, the greatest danger is over, and we now have only to combat any inflammation of the air-passages that may have resulted from the irritation produced by its presence.

With this brief sketch of the operation, I will now proceed to the report of my own case.

On the 1st day of June last, Joseph Meyer, æt. 4 years, whilst playing with a handful of corn, was seized with a very severe paroxysm of coughing and strangling, which lasted about a half hour, when he became perfectly quiet, leaving the family at a loss to know what had produced the attack, little credit being given to the statement of the child, that he had "swallowed a torn." From this time till the 6th of June he was troubled more or less with a dry, harsh cough, complaining at such times of pain in the region of the left nipple. On Friday, the 4th, he had another attack similar to the first, in which he was carried to the office of Drs. D. M. and Van R. Tindall, who informed the parents of the probable presence of a foreign body in the air-passages, and advised surgical interference in case the child was not soon free of trouble. On subsidence of the paroxysm, however, he appeared so thor-

oughly relieved, as to lead the family to suppose that all danger was past, but on Sunday, the 6th, he awoke with a severe cough and pain, which became aggravated as the day advanced, till, at 10 A.M., he broke forth into another violent coughing fit, which continued, with more or less severity, until just before I saw the case, about 2 o'clock P.M.

On inquiry I learned that the first paroxysm of the previous Tuesday had come on while he was screaming with fright caused by a drunken man, who had suddenly come upon him in his play. Some of the bystanders were positive that they had seen grains of corn in his mouth a moment before, hence it was reasonable to suppose that, during a sudden deep inspiration, he had drawn one of these grains into his windpipe. Physical examination gave the following: Respiration 50 per minute and labored, temperature 102° , pulse 140, right lung more active than left, apparently increased vesicular murmur on the right side, coarse mucous râles on the left; also, on the same side, a peculiar harsh rasping sound principally during the expiration. When asked if he felt pain, he invariably answered in the affirmative, placing his hand inside the left nipple. These physical signs, together with the history of the case, led me to diagnose a foreign body in the air-passages, and probably situated in the left bronchus. On consultation with the Drs. Tindall, it was decided that tracheotomy alone could give relief, and at 4 P.M. I performed the operation, assisted by Drs. D. M. and Van R. Tindall, and my student, Mr. J. F. Frantz.

After etherization, the little patient was placed upon his back on a firm table, with the shoulders well raised by a pillow, so as to bring the neck upon the stretch. A free incision was made from the lower border of the cricoid cartilage to within an half inch above the sternum. The superficial fascia was carefully cut through on a grooved director, but on reaching the deeper more vascular structures, both knife and director were laid aside, and the remaining parts down to the trachea divided after a method I had seen employed by Billroth, of Vienna. A strong pair of dissecting forceps is taken in each hand, and the tissue directly in a line with the trachea grasped by the forceps, one on each side at the same point; keeping firm hold, the forceps are separated from each other, thus lacerating the tissue lying between them. By this tearing process I made my way carefully down to the trachea, exposing it to the extent of a good inch without losing but a few drops of blood; hence I was enabled to open the trachea

without the delay so generally required in the endeavor to check hæmorrhage. The thyroid gland, which was not inconveniently large, I pushed downward, and running the point of a small tenaculum through the uppermost ring of the trachea, so held the tube firmly while I opened it to the extent of about half an inch. Across the centre of this I made a short transverse incision, and with the scissors clipped off the four corners so formed, thus giving me free exit, as I supposed, for all matter contained in the air-passages. Immediately on opening the trachea quite an accumulation of mucus followed the knife, and the respirations became very rapid and violent. I now quickly turned the child on his face with head and chest dependent, and gave him several sharp slaps on the back, hoping to bring the grain of corn to the tracheal opening, but without avail. The disturbance in the breathing soon subsided, and took on a more natural character than before the operation. In order to keep the incision in the trachea free I improvised two hooks by bending hairpins at an acute angle, inserting the blunt ends one on each side into the opening, fastening them firmly in place by a connecting band tied behind the neck. Not having suitable trachea forceps at hand, I made no exploration of the passage, hoping the grain of corn might be thrown out afterward during the effort of coughing. Several thicknesses of wet tarlatan were placed across the neck over the wound, and in order to have the air as non-irritating as possible an open vessel of water was kept constantly boiling in the room. The child was left for the night with competent watchers, who were instructed to clear out the wound with dressing forceps and small pieces of sponge whenever signs of obstruction of the opening were noticed. The little patient passed a tolerably comfortable night, although great difficulty was experienced in preventing the opening from blocking up with dried and thickened mucus. During the next forenoon the symptoms became less favorable. There had been very little cough since the operation; respiration, 48 to 50 per minute; pulse, 140; temperature, 103° F.; and coarse râles on both sides of the chest. On account of the swelling about the wound we had considerable trouble in keeping the retractors in place, and consequently in preventing the soft parts from encroaching on the tracheal opening. About 3 P.M., during my absence, a sudden spell of coughing and strangling set in, and in spite of every effort the respiration became more and more labored, and finally ceased altogether, and on arriving at 4 o'clock I found the child almost

moribund, and the family mourning it as dead. I immediately examined the wound, and found that a plug of tough mucus had become impacted in the tracheal opening, completely shutting off the entrance of air at this point. On removing this obstruction the respiratory movements commenced, and he was soon again quite conscious, although from this time he no longer breathed through the mouth nor spoke, the respiration being kept up entirely through the tracheal opening. The latter I however made somewhat larger by clipping away the sides so as to have a good sized circular aperture. It was at the time a matter of considerable conjecture as to what could be the cause of the obstruction in the larynx, and several attempts were made, by temporarily closing the opening, to induce the child to use the larynx, but without avail. I concluded, however, to wait until he had gained sufficient strength before making any exploration for the purpose of ascertaining the exact nature of the trouble here. He was watched closely day and night, the trachea being kept clear by means of curved forceps, the respiration gradually became easier, the temperature and pulse reduced, the lung sounds much improved, and by the following week all irritation in the lungs had subsided. Although the terrible struggle he had passed through had caused extreme emaciation he now grew stronger every day. On Tuesday the 15th he was again etherized, and assisted by Drs. P. Weaver and J. F. Frantz, I dilated the opening in the neck, and discovered through this a yellowish body lying well up in the cavity of the larynx. After much careful manipulation I had the extreme satisfaction of withdrawing with my forceps a large sized grain of Indian corn. It had evidently been thrown up into the larynx during the last paroxysm which so nearly terminated the little one's life. From this time improvement continued uninterruptedly, a tracheotomy tube being used until the laryngitis had subsided, which was about the 25th of the month. The removal of the tube was followed by a complete restoration of the function of the larynx and rapid closure of the wound.

HOMŒOPATHIC MEDICAL SOCIETY OF CHESTER, DELAWARE, AND MONTGOMERY COUNTIES.

SPECIAL MEETING—DEATH OF DR. JAMES L. SCOTT.

A SPECIAL meeting of the members of the Homœopathic Medical Society of Chester, Delaware, and Montgomery Counties, Pennsylvania, was organized at Coatesville, Pa., August 18th, 1876.

Dr. D. R. Bardin was chosen President, and Dr. M. Preston, Secretary, and the following preamble and resolutions were offered :

WHEREAS, In the providence of God, we are required to mourn the death of our friend and colleague, Dr. James L. Scott,

Resolved, That this Society sustains a loss deeply felt by its members, as we shall miss the genial society, the pleasing manners, the professional courtesy, the efficient labors and mature counsel of a friend and fellow-laborer in our profession ; and while we bow in humble submission to the hand of Him who has bereft us, cherishing a high respect for the memory of our brother, we cannot but sincerely regret that his life has been cut off in the freshness of early manhood, and that his labors have ceased in his noble calling.

Resolved, That this Society present the family of the deceased our heartfelt sympathy with them in their great bereavement.

Resolved, That as a testimonial of respect and affection, we have prepared a sketch of the life and character of our deceased friend and brother, and publish the same in our journals.

Resolved, That a copy of these proceedings, with our names affixed, be presented to the wife of our brother.

These, offered by Dr. Joseph E. Jones, of West Chester, were unanimously adopted.

Dr. J. B. Wood, of West Chester, then made some feeling and appropriate remarks.

The Society then adjourned.

M. PRESTON; M.D.,
Secretary.

HOMŒOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA.

THE attention of the profession is called to the following: *The Homœopathic Medical Society of the State of Pennsylvania will hold its next Annual Meeting at Harrisburg, on the last Wednesday and Thursday of September, 27th and 28th insts., 1876.*

A full attendance of all the members is particularly desired. All members are requested to bring or send papers to this meeting. Homœopathic physicians who are not members, desiring to become so, will please notify the Corresponding Secretary prior to the session by making application for membership. Members intending to bring or send papers will please notify the Corresponding Secretary, giving the titles of the same, that they may be announced for discussion. Full particulars of this meeting will be published and sent out in due time.

J. C. GUERNSEY, M.D.,
Corresponding Secretary.

1423 CHESTNUT ST., PHILADA.

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No. 3.

DISEASES OF THE BLADDER AND THEIR HOMŒOPATHIC TREATMENT.

[Read before the Homœopathic Medical Society of Pennsylvania.]

[The following series of articles on vesical diseases were prepared by a committee of five, consisting of Drs. Burgher, Buffum, Caruthers, Edmundson and Rankin, appointed by the Homœopathic Medical Society of Alleghany County to prepare a paper to be submitted to the Homœopathic Medical Society of Pennsylvania, at its eleventh annual session, as a society paper.]

To avoid needless repetition, the therapeutic indications have been alphabetically arranged and placed at the close of the paper.]

Inflammation of the Bladder.

Vesical inflammation is a severe disease, but not of frequent occurrence. It may be acute or chronic. Of the two forms the acute is the less common. The acute form may arise idiospathically, or supervene on chronic inflammation, gonorrhœa, external injury, irritation of calculus, disease of pelvic viscera, uterine affections, etc.; or may result from long pressure of the foetal head in difficult labor. The chronic variety is more frequently met with in practice than the acute, but the suffering is not so great, and the danger of a fatal result is more remote.

1. Acute inflammation of the bladder is a morbid action generally confined to a portion of the mucous surface, the neck and bas-fond being the most frequently affected; but in severe cases the entire viscus is attacked, involving not only its mucous but its muscular, cellular, and serous coats.

Causes.—Acute cystitis occasionally arises as an idiopathic affection, but more usually supervenes on the chronic form. It may originate from protracted retention of urine, the inflammation being conjointly due to the overdistension of the bladder and irritation of the urine. It is sometimes produced by urethritis or pelvic cellulitis, the inflammation extending from the urethra in the one case and from the connective tissue in the other. It sometimes results from traumatic causes, such as external violence from falls, blows, wounds and concussions. It may also be produced by the pressure of a displaced uterus, uterine and ovarian tumors, pelvic hæmatocele, etc.; or it may arise from the irritation of some foreign body in the bladder, as a calculus, or to some morbid growth, such as a wart, a fibrous polypus, a villous, vascular, or malignant growth. It may sometimes be traced to the abuse of diuretics, terebinthina, cantharides, etc. In men gonorrhœa is a fruitful source of this disease, and the same may be said of caustic and irritating substances injected through the urethra.

Symptoms.—The disease is characterized by shivering, high fever, nausea, mental depression, and general constitutional disturbance. Physical examination over the lower part of the abdomen reveals the bladder as a small rounded tumor, very sensitive to pressure. Rectal or vaginal examination of the posterior wall of the bladder causes increased pain. Great pain and tenesmus vesicæ are usually present, with constant and urgent calls to micturate, the urine being expelled in drops or small quantities, or there is complete retention. As the disease progresses the urine becomes fetid and alkaline, and contains shreds of fibrin interwoven with corpuscles of blood and pus. The pain is diminished by emptying the bladder, but gradually returns as the urine accumulates. Unless the progress of the disease is checked within three or four days the suffering of the patient becomes extreme; the desire to urinate is constant, but voiding it gives no relief; the walls of the bladder lose their contractile power; the urine accumulates; the morbid action extends to the neighboring tissues, involving the prostate, rectum, pelvic connective tissue in the male, and the uterus, vagina, rectum, etc., in the female.

Prognosis.—In the milder forms of cystitis, when the inflammation is of limited extent, we may expect a favorable termination. Softening and ulceration of the mucous membrane may occur, and give rise to much subsequent suffering.

In severe cases in which the constitutional disturbance increases, with great prostration, feeble pulse, cold, clammy sweats, and low muttering delirium, we may look for a fatal termination from the seventh to the twelfth day of the attack.

2. Chronic cystitis. This form of inflammation is said to be one of the most common of all urinary affections. It is apt to complicate almost every other variety.

Causes.—The causes are numerous and varied. It may supervene on the subsidence of an acute attack, and continue for an indefinite period. Any obstruction to the exit of urine may produce it, since by long retention the urine undergoes partial decomposition, and irritates the mucous membrane of the bladder. The irritation is intensified by frequent and painful contractions of the bladder. It may be induced by an unduly acid or alkaline condition of the urine, urine loaded with deposits from the kidneys, charged with irritating diuretics, or morbid, as in Bright's disease. Inability to empty the viscus, from paralysis or atony, may bring on the disease by the perverted action of the mucous membrane from impaired nervous supply, as well as by stagnation and decomposition of urine, exposure to cold and wet, living in damp houses, etc. Foreign bodies in the cavity of the bladder, tumors, etc., excite the disease. Other well-recognized causes are diseases of the rectum, piles, prolapsus, cancer, when implicating the coats of the bladder, and diseases of the uterus by causing pressure. It may originate in displacement of the bladder and adhesion to adjacent parts, or by its being forced into a hernial protrusion.

The mucous membrane lining the bladder is the structure affected, rarely implicating any other. By long-continued inflammation the mucous membrane becomes thickened, velvety, dark in color, its vessels loaded, and the underlying fibres hypertrophied. This subacute or chronic inflammation appears in two distinct forms. The main elements in the first are moderate inflammatory action, with more or less active hyperæmia, hypersensibility, and slight increase of secretion; the second is marked by passive hyperæmia from local debility of the capillaries, slight hypersensibility, and excessive increase of mucus mingled with pus.

Treatment.—This should be both local and general. The bladder should be kept as free as possible from inorganic deposits. The urine, if of an irritating quality, should not be allowed to remain in constant contact with the mucous mem-

brane. Catheterism should be performed, to insure the complete evacuation and contraction of the bladder, where the powers of nature are unable to accomplish these objects. Morbid deposits should be removed by irrigating or washing out the bladder with pure water at a temperature of 98° or 100°. The operation is easily performed with an ordinary India-rubber bottle syringe and gum catheter. A fountain syringe and double catheter are sometimes employed, affording an opportunity for the fluid to escape as it is injected. The safer plan is to slowly inject two or three ounces of water, allow it to remain for two or three minutes, and flow out. In washing out the bladder only a small quantity of fluid should be injected. Two or three ounces may prove highly useful, while the employment of double that quantity would result in mischief. Warm water, to which salt has been added sufficient to impart a brackish taste, injected into the bladder, sometimes has a very soothing effect. An infusion of linseed, used in the same way, has been used with benefit. The tincture of Hydrastis (five drops to the ounce of warm water) may prove a valuable adjuvant, used in the above manner. Great care and gentleness should be observed in these manipulations, or the harm resulting from the manual interference will more than counterbalance the good. Should these means afford no relief after a trial, or should they cause aggravation of the symptoms, they must be discontinued. Ice introduced into the rectum is a valuable palliative in painful urination. When nausea and vomiting are present, small pieces of ice, slowly dissolved in the mouth, will sometimes relieve these symptoms. Hot fomentations and poultices applied over the supra-pubic region are often very useful in relieving the congestion of the organs. The same may be said of the warm hip bath. Demulcents are useful in two ways,—they dilute the renal secretion and furnish some nutriment to the body. Possibly in some instances they may exert a special therapeutic influence. Among those most usually employed are infusions of Irish moss, linseed, slippery elm bark, gum arabic, and barley-water. Pure water may be used *ad libitum*.

As proper hygienic and dietetic regulations are important, they should be rigidly enforced. Walking, riding, in short, all physical exertion should be prohibited, and rest in the recumbent posture enjoined. Special care should be taken to protect the patient from cold. The diet should be light and

nutritious, and great care taken to maintain the digestive system in good condition.

J. C. BURGER, M.D.

Atony and Paralysis.

Atony.—Atony of the bladder is muscular paresis and an affection of local origin, which is not to be confounded with vesical paralysis, which is an affection of central origin. In atony there is no nerve lesion; only a lack of tone in the muscular walls of the bladder, which may result from some one of the local causes which will be mentioned. There is what may be called a physiological atony of mild degree, which affects the bladder as the individual advances in age. The expulsive power of the bladder, which in youth is greatest, gradually diminishes during life, owing to the organ becoming accustomed to a constant slight distension. A healthy boy throws a stream from his bladder to a greater distance than he can when he becomes an adult, and the same is true of adult life as compared with old age, even taking into consideration the enlarged calibre of the urethra and the increased size of the prostate. The pathological form of atony is due to overdistension of the bladder, either sudden and extreme or gradual and continued; or it may result from constant congestion of the walls of the bladder by an enlarged prostate. Operations upon the bladder, as for stone, have been known to produce an atonic condition of the viscus; fatty atrophy may also be cited as a cause, and in other cases there seems to be a normal predisposition to this condition of the organ. If the urine is retained voluntarily for some hours after the bladder is full, and the natural desire is felt when an attempt is made to void it, it will be found that the viscus does not relieve itself immediately, but that some little time, several minutes perhaps, must elapse before the flow is established. It begins to pass very gradually, and without force, getting stronger as the flow continues, until finally the last drops slowly dribble away. In persons of sedentary habits, and in those who from necessity or neglect habitually disregard the natural calls to relieve the bladder, the slight degree of atony thus engendered may, from often being reproduced, finally lead to a considerable diminution of the expulsive power.

Sometimes the bladder, after voluntary retention, loses its tonicity to such an extent that when opportunity is presented

it refuses to contract, and we have actual retention. The habitual passing of the urine while in a recumbent position, as lying in bed, is said to be an occasional cause of atony. General weakness and laxity of the body may be cited as predisposing causes of vesical atony.

Atony from overstretching of the detrusor urinæ muscle often owes its origin to retention of urine during the course of acute diseases, as typhoid or variola, or to the temporary loss of sensibility, as in coma, concussion, or compression which is not recognized or relieved; most frequently, perhaps, to retention, complicated stricture in the young, or enlarged prostate in the old. It is not necessarily connected with nervous influence; the injury is mechanical; the overstretched detrusor urinæ loses its power, and is unable to expel the urine. That form of the affection depending upon hypertrophied prostate does not necessarily depend upon mechanical overstretching. It is due more to the constant congestion of the hypertrophied muscular coats of the bladder, kept up by the interruption to the return flow of the venous blood from the bladder-walls formed by the increased size of the prostate. With this cause there is a certain degree of continual distension of the bladder, and when there has been retention, this circumstance takes its place as the most prominent cause.

Symptoms.—In complete atony the expulsive power of the viscus being lost the bladder fills up, and we have the condition described by Civiale as “stagnation with overflow.” When the bladder has filled to the extent that it can as a passive sac, the excess of urine trickles away, or is ejected upon some muscular effort of the patient, as sneezing, coughing or laughing. In many cases the bladder holds two or three pints of urine without giving the patient uneasiness. In these cases of stagnation with overflow, the excess which collects occasions the normal desire to urinate. Voluntary contraction of the diaphragm and abdominal muscles expel the excess, amounting to an ounce or more, and relief is obtained for an hour, when the operation must be again repeated. The use of cold-water injections has been highly lauded as efficient in removing the atonic condition. If there is cystitis the use of cold water is contraindicated; otherwise the bladder may be filled several times at a sitting with water of 90° F. at first, and then at 85° F. Not more than four ounces of water should be thrown in at one injection. The water

may be retained for two or three minutes, and then allowed to drain off. This process may be repeated daily, starting with the temperature of the water 5° F. lower at each sitting. Water may be injected as low as 40° F., but at this temperature must not be allowed to remain, but immediately withdrawn, so that the effect may not be injurious, but similar to the douche. This treatment may be continued for months with good results, if such are obtainable by any treatment. The cold douche applied to the hypogastrium, sacrum and perineum forms an excellent auxiliary to the injections. Electricity has proved useful in this trouble, and in making the application an insulated electrode may be carried into the bladder. Patients suffering thus are apt to think that there is a want of capacity in the bladder, and that at each effort they empty that organ. The introduction of the catheter, however, will diagnosticate the case at once; as soon as the eye of the catheter reaches the urine, instead of spurting as in retention, the urine drops down almost perpendicularly from the end of the tube. Pressure upon the hypogastrium, a cough or a long breath will make the flow more rapid.

Treatment.—Among the remedies which will be found useful in atony the following are prominent: Arnica, Rhus tox., Opium, Phosphorus, Arsenicum alb., Strychnia, Stannum met., Hyoseyamus, Causticum, Opium, and Stramonium. The special indications for the remedies will be found in an appendix to the paper. In addition to internal medication strict attention must be paid to general hygiene, and toward a removal of the cause. In the attempt to restore the contractile power to the overstretched muscle, the first indication is to keep the muscle from further violence by the use of the catheter three or four times daily, and the electricity passed directly through its walls to the other electrode, either in the rectum or upon the hypogastrium.

Prognosis.—In the young we may always hope for cure; in the middle-aged for amelioration; but in old age, with enlarged prostate, the injured muscle rarely recovers its tone.

Paralysis.—The muscular coat of the bladder may become paralyzed from some influence confined to the viscus, disease of the nervous centres, inducing simultaneous loss of power in other organs, or from constitutional debility. While atony may be frequently met with, some nerve lesion of the central nerve organs is necessary to cause paralysis. Brown-Sequard has described a functional nervous affection of the

bladder which he has denominated reflex urinary paralysis, and cites among other causes irritation of the nerves of the skin from cold and wet, but which is of rare occurrence.

Causes.—Cystoplegia very rarely occurs as an idiopathic disease, the causes most often originating in the central organs of the nervous system. Diseases and injuries of the brain, with hemiplegia, are among the rare causes of vesical paralysis. Among the affections of the spinal cord which may cause this trouble may be cited myelitis, non-inflammatory softening, hæmorrhage in the gray matter, congestion, meningitis, syphilis, Pott's disease, fractures of the spine, cancer, firm pressure upon the cord, and tumors. Besides these causes, age and premature marasmus, excessive distension of the bladder, and sexual excesses, particularly onanism, deserve mention as exciting causes of this trouble.

Symptoms.—Unlike the rectum, the bladder retains its contents when paralyzed, but when the distension becomes great, the urine dribbles away by the urethra; hence incontinence of urine is often an indication of retention. The paralysis may come on gradually, as in certain forms of syphilitic paraplegia and Pott's disease, but it more frequently appears suddenly. The symptoms vary according as the detrusor or sphincter muscles are paralyzed. When the detrusor alone is paralyzed the bladder must acquire an undue distension before it can overcome the normal resistance of the sphincter, and in consequence only a portion of the contents are voided, and then only with the co-operation of the abdominal muscles. When the paralysis is of gradual approach the bladder discharges its contents more and more feebly from day to day, the change taking place so slowly that the patient takes but little notice of it. The excess of urine only being voided, that which remains passes through the changes of stagnating urine, and decomposing excites inflammation of the bladder, the more readily from the fact of the walls being weakened and the nerve supply impaired. The patient soon notices that his urine when discharged smells badly, and is of a muddy color, with more or less ofropy mucus in it; the calls to urinate become also more frequent. While the paralysis may remain incomplete, the cystitis, however, will increase unless its progress is arrested by proper treatment. If the paralysis does become complete, retention appears at once. True incontinence with paralysis very rarely occurs.

The paralysis occurs more commonly suddenly, as does the

paraplegia on which it is dependent; the bladder becoming at once incapable of contraction, retention ensues, the bladder becomes overdistended, and the overflow of urine slowly dribbles away. Inflammation from the decomposition of the retained urine follows, and may even go on to ulceration if proper attention is not given it. The urine becomes alkaline, and possesses an offensive ammoniacal odor; an examination reveals an abundance of pus-globules, stringy mucus, earthy phosphates, vibriones, and triple phosphate crystals. There is at first pain, referred to the neck of the bladder, but as the distension becomes greater the walls lose their sensibility. The walls of the bladder may become incrustated with earthy salts, or stone may form, thereby making the trouble more serious. If the proper means are applied at the proper time, this long list of symptoms may be avoided; but generally the bladder is allowed to get into this deplorable condition before attention is called to it by the patient. When there is a complete paralysis of the sphincter, the urine flows off involuntarily as soon as the bladder is somewhat distended, whereas if the paralysis is incomplete, as in a case of so-called paralytic weakness, the patient is able to retain the urine for a short, but never for any great length of time.

Vesical paralysis arising from abuse of the sexual organs is generally only a partial paralysis, and passes under the name of weakness, and may exist for a long time before the attention of the physician is called to it.

Treatment.—The treatment of vesical paralysis must necessarily be mainly constitutional, as it is often merely symptomatic of serious affections of the central nervous system. Cold water here as in the atonic conditions is useful, unless cystitis has supervened, and may be employed as an injection, a wet pack or a sitz-bath. An important procedure, which must receive the attention of the surgeon immediately upon his introduction to a patient who is wholly or partially paraplegic, is the use of the catheter and the prevention of distension of the bladder. The catheter should be used three or four times daily, great care being exercised in its introduction owing to the insensibility of the parts. It is well to wash out the bladder with warm water after using the catheter, thus preventing cystitis by removing any urine, mucus, etc., which would otherwise be liable to decomposition. When stagnation and overflow have occurred before the surgeon is called it will be found difficult to prevent the consequent cystitis, but the

sooner it is attempted the better is the chance of success. Even after catarrh of the bladder has been established careful attention to the washing of the bladder with warm water will improve the condition and add to the comfort of the patient. The paralysis of the bladder being most commonly a symptom of some deeper-seated and more grave constitutional trouble, the prescription of the homœopathic remedy must be made only after a careful study of the totality of symptoms; the treatment being directed more to the cure of the more serious affection than to the vesical trouble. The remedies most likely to be indicated are Belladonna, Opium, Hyoscyamus, Dulcamara, Gelsemium, Arnica, Cantharis, Plumbum, Cannabis Ind., Causticum, Anantherum, Lycopodium, Pulsatilla, Natrum mur., Nux vomica, Arsenicum, Phosph., Uva ursi, and Aconite; these remedies applying more particularly to the symptoms presented by the vesical trouble. The precise indications are omitted in this part of the paper, as the selection of the remedy will depend upon the special symptoms of the case and the pathogenesis of the remedies presenting symptoms which render them applicable to other affections of the bladder.

Prognosis.—The prognosis of paralytic affections of the bladder is dependent upon that of the diseases causing it. The paralytic condition of the bladder common to old people is very rarely amenable to treatment. To those suffering from enlarged prostate the cure of the paralysis would only increase their trouble. Paralysis of the bladder following severe labor generally disappears of itself, but if neglected may remain as a permanent weakness.

The cure of that condition following sexual excesses and onanism is dependent upon a return of the patient to a mode of life in accordance with sound hygiene and morality. Severe constitutional disturbances may follow from paralytic affections of the bladder, and death from coma or exhaustion may result.

J. H. BUFFUM, M.D.

Spasm of the Bladder.

In this article we do not refer to the spasms which occur as symptoms of other diseases, but it is as a primary functional derangement, a disease *per se*, always presenting its own characteristic distinguishing peculiarities, that we propose to treat it.

The disease has been known by a variety of names, Cystospasmus, Cystodynia, Cystalgia, and Spasmus Vesicæ being the synonyms most frequently used.

This affection may occur at any period of life, and attack any age or either sex; but it is usually met with in middle-aged persons, and most frequently in males. Nervous, hysterical individuals are peculiarly liable to its attacks.

The disease usually sets in quite suddenly, as a violent constrictive pain, originating at the neck of the bladder and extending along the dorsum of the penis, accompanied by complete or partial erection. The pain also extends to the groin, testes and thighs, and even to the perineum and anus.

The pain may last from a few minutes to a quarter or half an hour, when it entirely subsides. There is usually a violent and painful urging to urinate, with more or less complete inability to pass water.

As in all spasmodic affections, the return of the paroxysm is not governed by any rule, and the patient may recover with the cessation of the first spasm, or he may continue to be attacked many times, even on the same day.

After the attack has abated the urine sometimes passes off in a full, free stream, being light-colored and clearer than usual.

Causes.—As a predisposing cause we may mention weak irritable nerves; therefore the disease is more frequently met with among hysterical or hypochondriacal individuals.

The attack may be excited by various means, among which may be mentioned mental efforts, and such emotions as anger, chagrin, etc.; by violent frights; by the presence in the bladder of stone, or of urine which is retained and acts as an irritant. It may be the result of stimulating diuretics, or of the action of irritant medicines, as cantharides, etc. The action of new wines and beer is also given as an exciting cause. Onanism and excessive sexual intercourse may produce it. It may be the result of some disorder of the rectum or uterus, or associated with and resulting from inflammation and suppuration of the kidneys. It may be caused by a cold, especially when contracted by sitting on a cold damp seat.

Symptoms.—As mentioned above, the disease comes on suddenly; the pain is not constant, but has intervals of cessation; the pain may extend to the kidneys, thighs, and sacrum, and is accompanied by a sense of constriction, and sometimes by tenesmus; the irritation may be communicated to the penis

and cause erections. The symptoms will vary according to the portion of the viscus affected. If the sphincter is involved the urine cannot be voided, or can only be passed drop by drop and attended with intense pain; if the detrusor alone is affected, there is entire inability to retain the urine, for the presence of the smallest quantity excites a desire to void it; but when the sphincter and detrusor both are affected, the symptoms are much more distressing, for there will be, at the same time, the most violent urging to urinate while, by the contraction of the sphincter, the passage of the urine will be almost if not entirely prevented. The bladder will then be distended, the urging to urinate constant; there will be intense anxiety and restlessness, pulse feeble, skin cold and covered with a clammy perspiration. In very nervous subjects these symptoms are accompanied with great trembling, nervous paroxysms and vomiting.

Diagnosis.—The diseases with which cystalgia is most liable to be confounded are nephralgia and colic.

It is not difficult to distinguish it from the latter, for the position of the pain differs, and the disturbance of the urinary functions will be sufficient to indicate the disease, for in colic there is little or no difficulty in urinating. It resembles nephralgia more closely. In both affections the attacks come on suddenly and the pain is referred to the same locality.

In nephralgia we have numbness of the thighs, with retraction of and an aching pain in the testicles; but unlike cystalgia, the most severe pain seems to follow the course of the ureter and is usually confined to one side. The urine that is passed in nephralgia is high-colored and often bloody, and frequently deposits a sandy sediment, while in cystalgia no blood is present and the urine is clear and light-colored.

Treatment.—The treatment in this, as in other spasmodic affections, must be such as to give immediate relief. This can be done more promptly, in most instances, by external applications, especially by heat, which may be applied by means of flannel cloths wrung out of hot water and applied to the region of the bladder, or the use of the warm hip bath may be preferred. The patient may also be advised, in attacks caused by irritant medicines or new wine or beer, to drink large quantities of water. In twenty or thirty minutes the water will have entered the bladder, and the irritating substance, being held in solution by the water, will be expelled from the viscus.

Any substance which will cause a relaxation of the muscles will also be beneficial. For this purpose the inhalation of chloroform has been advised. If the attack is not very severe a very few inhalations will be required, just enough to decrease the sensibility to the pain; but in severe cases it may be necessary to carry it to the extent of producing complete anæsthesia.

The remedies that may be required in the treatment of this disease will be found among those most capable of exciting spasms in other parts of the system. Among these *Nux vomica* probably holds the first rank. It is especially useful in cases caused by sexual excesses, or by the undue use of stimulants.

Hyoscyamus may also be thought of, and will, no doubt, be found a very valuable remedy, although clinical experience with it is very meagre.

Pulsatilla will also be found useful, especially in females, more particularly during pregnancy, or in affections of the uterus.

Sarsaparilla has also been mentioned, especially when the attack has been caused by the presence of stone in the bladder.

Clinical experience in regard to the use of any of our remedies is very scanty, for the reason that a pure, uncomplicated neurosis of the bladder is a very rare affection; but the remedies that have been used with good effect, in addition to those already mentioned, are Canth. Bell., Berberis, Colo., Cann. sat., Camphor, Colch., Dulc., Lyc., Phos. acid, Sepia, Terebinth, etc.

For the special indications for each of these we would refer to the therapeutic hints at the conclusion of this paper.

R. E. CARUTHERS, M.D.

Enuresis.

Inability to retain the urine—incontinentia urinæ vel enuresis. This symptom is present under very widely different conditions of the urinary organs, and in patients of all ages, from extreme old age to infancy.

It is one of the most loathsome and disagreeable complaints that can befall a patient, in some cases rendering life itself a burden to the patients, and their presence repulsive to all who come in contact with them. How infinitely distressing it must be when the person so affected is a young girl approaching womanhood, or a young married woman.

We have divided the disease into two forms or divisions :

1st. Complete enuresis, or involuntary micturition.

2d. Partial enuresis, or unconscious micturition, more commonly known as nocturnal enuresis.

Complete enuresis, or where we have constant dribbling away of the urine, is found mostly in patients advanced in life or beyond the age of puberty, though we do have it affecting patients from birth or early childhood.

Its primary or exciting causes are numerous, and of a very wide range, and may be located in a diseased condition of the urinary organs, or may be due to some abnormal condition of the urine, or to causes entirely foreign to either.

Retention of urine from any of its various causes, if not soon relieved is accompanied by this symptom, and it is very often the first thing to draw our attention to this condition of the bladder. The constant dribbling away of the urine would seem to indicate an empty condition of the bladder, when very often we have just the opposite state of the viscus.

Such patients will come to you complaining of an involuntary micturition, and when you propose using the catheter, they will kindly remind you that they are already passing urine enough, and would be pleased to have you stop it if possible. In all such cases we should insist upon an examination of the viscus and the use of the catheter, when we will find the dribbling due to retention and consequent overdistension of the bladder.

Sir Henry Thompson says we should rather denominate this an overflow of the urine, and upon this he lays particular stress, for he cites numerous cases where the most disastrous results ensued from a wrong conception of this symptom.

We find this complaint accompanying undue acidity or alkalinity of the urine, the presence of gravel, excess of uric or lithic acid, abuse of drugs, excessive use of alcoholic stimulants, renal congestion, nephritis, renal calculus, inflammation of the ureters extending to the viscus, and in almost all inflammatory conditions of the bladder, as catarrh, ulceration of the fundus or neck, paralysis, atony, calculus, tumors, or other abnormal growths in its walls, hypertrophy resulting from stricture of the urethra, hernia or prolapsus of the bladder itself, or from some obstruction in the urethral canal, as enlargement of or growth from the prostate gland, stricture from operations for relief of these various complaints, and calculi.

Atony of the bladder is produced by patients being com-

pelled by force of circumstances to retain the urine too long, rupture of bladder and urethra, long and contracted foreskin, imperfect development of the urinary organs and canal.

It may be congenital when from birth the patient seems to have had no control or power over the sphincter, although these cases are of very rare occurrence, but should not be forgotten in making up and giving our prognosis of the case.

We also have it present as a symptom in cases of fistula in the vesico-vaginal septum; the patient has but little control over the evacuation of the bladder, the urine escaping generally as fast as it enters the bladder through the fistula; by tracing the case back we will find it most generally appeared soon after parturition, but in some cases we find it due to ulceration of a cancerous or syphilitic origin.

Vesico-uterine fistula is a very difficult condition to remedy and sometimes to diagnose, but if upon examination of the vagina we find the urine issuing from the os uteri, that would establish the fact beyond a doubt.

We also find cases on record where this symptom has been produced by retroflexion of the gravid uterus, but in this particular it is due to retention of the urine causing an overflow; but some have attributed the retroversion to the overdistension of the bladder, whereas it is the effect, not the cause, and Dr. Tyler Smith mentions numerous cases to prove this. Where retroversion existed before pregnancy, it is present as early as the fourth or fifth months, though generally in the later stages of pregnancy; but in some cases it is only present in certain positions which the patient assumes; here it is generally due to retention.

Parturition is very frequently followed by involuntary micturition, generally only lasting a few days, but sometimes continuing for weeks, and in these cases it is without doubt due to the violence done the muscular structure of the urethra and bladder, more frequently the former, during the passage of the child; and from this fact we can account for the presence of this weakness in women who have given birth to a great many children.

Tumors and dropsical swelling of the ovaries are also mentioned as exciting causes, due to mechanical interference with the action of the sphincter or pressure upon the fundus; also organic affections of the uterus, where the inflammation spreads to the urethra or bladder itself; also from polypi of the uterus; also from a scirrhus condition of the uterus, extending

to the neck of the bladder, or from a simple inflammatory or hyperæsthetic condition of the uterus. It may also be caused by abscess in the cellular tissue between the bladder and vagina; by violence done the neck of the bladder in the unskilful use of obstetrical instruments; or by the great dilatation of the neck in the operation for removal or crushing of calculi. It is present in the later stages of low fevers; in fact may be present in any disease causing great debility of the system in general. Spasms of the urethra and bladder accompany or follow hysteria; and in cases of labor where we have clonic spasms of the uterus due to spastic contraction of the cervix uteri, when not followed by graver results, this symptom occurs.

It is also due to an irritability arising from irritation transmitted from other parts of the body or nervous system, as in dyspepsia, hæmorrhoids, intestinal disorders, prolapsus ani.

We also have as an exciting cause defective innervation, which is as often excessive as deficient, and therefore often when we are baffled in our attempts to discover the cause, urine being normal, no physical disability intervening, organs and the system generally in excellent condition, we can ascribe it to this preternatural sensibility of the sphincter, when it acts under less than ordinary stimulation of the urine, allowing it to constantly dribble away, and when the contractile power of the sphincter is lost the nerve supply is deficient and the urine has nothing but the slight resistance of the walls of the urethra to overcome.

It is also present in concussion and injury of the spine, cerebellum, or cerebro-spinal centre, and in the various nervous diseases, as hemiplegia, paraplegia. When this is the case we have accompanying it the slightly unsteady gait, imperfect articulation, and other symptoms of such deepseated mischief.

In very old persons we find it attendant upon a weakness or loss of the expulsive power of the viscus, and seems to be due not so much to a local weakness of the viscus as to a general debilitated condition of the whole system.

Whatever the exciting causes may be, and they are numerous, it is apparent that they can only act by giving rise to one or more of three conditions, viz.:

1st. Atony or paralysis of the bladder itself, permitting overdistension resulting in stillicidium.

2d. Abnormal irritability and contractility of the bladder sufficient to overcome the resistance of the sphincter.

3d. Atony, paralysis, or excessive irritability of the sphincter of the viscus.

We now come to consider partial enuresis, unconscious enuresis, better known as nocturnal enuresis. It is most frequently met with in children and youths up to the age of puberty, when, if not sooner relieved or overcome, it disappears; but we cannot always count upon such a happy relief, for it sometimes follows the person through life.

It occurs only when asleep, and its occurrence while in an unconscious condition, and therefore beyond the control of the will, constitutes an essential peculiarity of this form of enuresis; and for this reason we use the word unconscious instead of involuntary, as it conveys a more distinctive idea of the complaint; while the patients are awake they are free from the annoying complaint.

There are cases, though, in which this symptom is present, as in some mental affections, and occasionally in atonized conditions of the bladder unconnected with mental influences; but the previous history of the case, as well as the concomitant symptoms, will preclude us from the possibility of confounding them.

Its causes are often very obscure, and its treatment difficult and unsatisfactory. In many cases we are unable to discover the exciting or primary cause, and can attribute it to no other more satisfactory source than that of some peculiar diathesis, be it hereditary or acquired; it is especially difficult in very young patients, from whom it is generally impossible or difficult to obtain definite replies to our questions, or to get an accurate picture of their case through the symptoms, especially of the subjective symptoms, which will so often give us the key to the remedy required in the case as well as to the origin of the complaint.

Among the many causes giving rise to this complaint we mention irritation of the rectum from ascarides and other irritants; habitual constipation; contraction of the preputial orifice; narrowing of the meatus urinarius; malformation of the urethra, as hypospadias and epispadias; saburral condition of stomach and bowels; irritation of teething; long and contracted foreskin; depraved habits of body; masturbation. We also find it aggravated after long and debilitating diseases, and in patients of a feeble, scrofulous or nervous temperament. It also accompanies epilepsy and other nervous disorders. The alteration of the urine itself often gives rise to

this complaint; and when this is the case, if the patient is closely watched during the day or while awake, we will find him micturating oftener than actual necessity requires. Presence of gravel in the urine will produce like results.

This complaint has been observed to be more common among girls than boys, and in their case, in addition to causes already mentioned, we must ascertain the presence or absence of all vaginal discharges, worms, or other sources of vaginal irritation, or closing of the walls of the vagina.

That it is in some cases hereditary we think can be clearly proven, for there are numerous cases on record, from undoubted authority, where whole families have been subject to it, and in the major part of the cases where it does not disappear at puberty, though not in all, we find, by tracing it out, that there is a hereditary or family tendency to it.

In some cases it has been traced to the use of improper food; from overloading the stomach with poor and indigestible food; from living in filthy and badly-ventilated apartments. Some attribute it alone to habit and neglect of the proper efforts to restrain the discharge. While this may be true in a few cases, it has been attributed to this cause too often, and measures very harsh in their character have been taken to prevent and correct it, which oftener have the effect to increase rather than abate the complaint.

Prognosis will depend upon the exciting cause and the age of the patient. In persons far advanced in life, with broken constitutions, and who are in a weak and debilitated condition, the prognosis will be unfavorable. In nocturnal enuresis, and that taking place in earlier life, of a purely idiopathic origin, we can most generally rely upon making a cure, though we should be guarded in our promises, as it sometimes defies our most skilful treatment and seemingly well-selected and indicated remedies.

In the treatment of this complaint we must at once direct our efforts to the removal of the exciting cause, the enuresis being but a consequence or secondary pathological condition, carefully noting all the symptoms, both subjective and objective, subjecting the patient to careful physical examination, having them exercise care in regimen and diet, and endeavoring by all means to restore and build up their general health. Among the numerous remedies used in this complaint we mention the following as the most prominent: Sulphur, Puls., Lycop., Bell., Calc. carb., Sepia, Staphisagria, Canth., Nux

vom., Cicuta virosa, Causticum., Strychnine, Uranium nitr., Magnesia phos., Phos. acid., Hyoscyamus, Squilla, Ignatia, Cina.

W. F. EDMUNDSON, M.D.

Vesical Irritability.

Vesical irritability is idiopathic or symptomatic. The cases met with in practice are chiefly of the latter variety. Even the more obscure can, upon rigid inquiry, generally be traced to some pre-existing morbid condition; or they are found to depend upon some immediate exciting cause. Among the latter may be mentioned congestion or subacute inflammation of the vesica; an acrid quality of the urine; the presence of gravel or stone; pressure from tumors or from the gravid uterus; ascarides in the rectum; dysentery; colds, especially in children; the imbibing of new wine or beer, and of such drugs as balsam copaiba and cubebs.

In these cases, more especially, the treatment to be successful must, of course, be chosen with due regard to the exciting cause. Nor must this be neglected if psora or syphilis be found to have invaded the system or have been inherited.

The physician is, however, sometimes called upon to treat cases that he cannot trace to any of the above-named causes. For such cases a remedy will probably be found among the following, viz.: Carbo vegetabilis, Magnesia muriatica, Mercurius, Natrum muriaticum, Ruta graveolens, Sulphur and Thuja. Where the exciting cause is apparent, the course of treatment will readily suggest itself to the physician, and need not be dwelt upon at length by me, especially as the characteristics of the remedies in vesical diseases have been pointed out by my colleagues.

J. S. RANKIN, M.D.

TREATMENT.

Symptomatic Indications for the Principal Remedies that have been employed in the Treatment of the several Vesical Diseases described.

ACONITE.—This great antiphlogistic is indicated when the skin is dry and hot, great thirst, unrest, nervous excitement, fear and anxiety; pain in the region of the bladder; reten-

tion of urine, with stitches in the kidneys; frequent and violent urging to urinate, with scanty emissions of red, turbid urine.

ANGUSTURA.—Tenesmus of the bladder, followed by profuse emission of white urine; tenesmus after micturition. One is obliged frequently to urinate, although but a few dark-yellow drops are emitted each time, causing a burning pain; orange-colored urine soon becoming turbid.

ANANTHERUM.—Frequent emission of urine, which is turbid, or soon becoming so. Sensation of numbness and obstruction in the kidneys. Sensation as if the kidneys and bladder were always full and swollen. Pressure and burning pains in the bladder, with urging to urinate every minute; the bladder cannot hold the smallest quantity of urine. Difficult, painful, intermittent urination; it stops, and begins again the next moment. Fulness and distension of the bladder, with inability to urinate. Urine turbid, thick, and full of mucus, as in catarrh of the bladder. Retention of urine, with retraction of the urethral canal. Urine brownish or yellowish and bloody. Very frequent urging to urinate, with burning urine, which is discharged in drops. Urine with yellowish, grayish, or dark sediment. Incontinence of urine, with involuntary urination when walking, and even at night in bed during sleep, as if caused by paralysis of the neck of the bladder. Tenesmus vesicæ, with ischuria.

APIS.—Burning in the urethra, before and after micturition. Disagreeable sensation in the bladder, with a bearing-down in the region of the sphincter and frequent desire to urinate. Incontinence of urine, with great irritation of the parts, worse at night and when coughing. Almost incessant desire to pass urine. Urine high-colored. Urine high-colored, and more frequent emissions of small quantities. Straw-colored urine, with brickdust sediment.

ASPARAGUS.—Urging to urinate. Burning in the urethra. Frequent urinating, with fine stitches in the orifice of the urethra. Urine scanty and cloudy. A little straw-colored urine is passed, which becomes turbid immediately after being passed, and is full of motes. After urinating, burning in the urethra, with sensation as if there was some urine yet to pass.

ARNICA.—This remedy will often be indicated in affections of the bladder arising from mechanical injury, when retention of urine is present, with tenesmus of the neck of the bladder, with ineffectual efforts to urinate. Urging, the urine

dropping out involuntarily. Brown urine, with brick-red sediment. One has to stand a great while before the urine is emitted. Urine strongly acid. Specific gravity increased.

ARSENICUM A.—Retention of urine, as if the bladder was paralyzed. Scanty urine, passing with difficulty. Burning in the urethra during micturition. Tenesmus and strangury. Great desire to urinate, but does not pass any urine. Urinates more frequently than usual. Involuntary emission of urine in the night when sleeping; ischuria; urine copious and burning hot. Greenish, dark-brown urine, turbid when emitting it. Urine profuse and dark-brown. Hæmaturia. Much sediment in the urine.

BELLADONNA.—Difficult micturition, the urine being passed guttatum, with frequent urging. The urine is yellow and turbid, sometimes depositing a reddish sediment. Constant dribbling of urine. Sharp stitches low down in the abdomen in the direction of the perineum. Pains come on suddenly and cease in the same way. Feeling in the back as if it would break. Enuresis, with profuse perspiration. Paralysis of the sphincter vesicæ.

BERBERIS V.—Violent stitching pains in the bladder, extending from the kidneys into the urethra, with urging to urinate. Frequently recurring crampy pain in the bladder. Cutting constrictive pain in the bladder, when full or empty. Burning in the urethra. Burning pain in the female urethra during and after micturition. Stitching pain in the female urethra, beginning in the bladder. Violent stitches in the bladder, which compel one to urinate. Burning pain in the bladder. Urine dark-yellow, red, becoming turbid; copious mucous sediment, mixed with a whitish-gray, and later a reddish mealy sediment. Greenish urine, depositing mucus. Blood-red urine, which soon becomes turbid, and deposits a thick mucous and bright-red mealy sediment, slowly becoming clear, but retaining its blood-red color. Pains in the loins and kidneys frequently accompany the morbid urine, but not always. Movement brings on or increases the urinary troubles.

BENZOIC ACID.—Vesical catarrh. Irritability of the bladder. Nocturnal enuresis in children. Too frequent desire to evacuate the bladder, the urine normal in appearance. Decrease of the quantity of urine. Urine aromatic. Urine of a very repulsive odor, of a changeable color, brownish, cloudy, of an alkaline reaction. Dark, reddish-brown urine, of greater

specific gravity than normal urine, with an acid reaction. Indicated when the urine contains an excess of uric acid. The patient is pale, languid, with a feeling of weakness in the loins. Fleeting pains in the region of the bladder. A granular mucus, mixed with phosphates, in the sediment of the urine.

CALCAREA CARB.—Pain in the bladder, and cutting on urinating. Burning in the urethra before and after urinating. Fine tickling stitches through the urethra. Much sour-smelling urine passed at night. Trickling of urine after micturition. Involuntary passage of urine on every motion during menstruation. Nocturnal enuresis. Urine very dark-colored, without sediment. The urine has a pungent odor, is clear and pale. Offensive dark-brown urine, with a whitish sediment. The urine soon becomes turbid and deposits a whitish, flaky sediment; a fatty pellicle forms on the surface.

CAMPHORA.—Diminished power of the bladder. Retention of urine, with urging to urinate; tenesmus of the neck of the bladder. Painful urination. Burning urine. Strangury. The urine passes in a thin stream, as if the urethra were contracted. Yellowish-green, turbid urine, of a musty odor. Brown urine. Red urine. The urine on standing becomes very turbid and thick, of a whitish-green color, without deposit of sediment. Urine contains mucus, without sediment. Urine with white or red sediment. Urine increased, of a dark-brown color. Urine profuse, colorless, frequent. Urine scanty.

CANNABIS INDICA.—Inflammation of the bladder. Burning, scalding, stinging pain before, during and after urination. Urging to urinate, with much straining. Copious discharge of clear bright-colored urine. The urine passes freely at times, then again in small quantities, with burning and biting. The urine dribbles out after the stream ceases. Aching in the kidneys. Thick red urine.

CANNABIS SATIVA.—Enuresis. Paralysis of the bladder. Drawing pain in the region of the kidneys, extending into the inguinal glands, with anxious nauseous sensation in the pit of the stomach. Burning while urinating, but especially afterwards. Urging to urinate, with pressive pain. Stitches along the urethra, when not urinating. White turbid urine. Urine red and turbid. Urine full of fibres, as of mucus, with pus.

CANTHARIDES.—Inflammation of the uropoietic organs.

Pains in the region of the kidneys and urging to urinate. Burning, tenesmus, and violent pains in the bladder. *Ardor urinæ*. Urine scalds, and is passed drop by drop, with extreme pain. Hot, acrid, and bloody urine. Urine dark-colored, turbid, and scanty. Urine loaded with mucus and sediment. Cloudy urine like mealy water, with white sediment.

CAPSICUM.—Spasmodic contraction with cutting pains in the neck of the bladder. Burning, biting pain in the urethra after urinating. Scanty light-colored urine.

CARBO VEG.—Pressing pain in the bladder. Contraction of the urethra every morning. Frequent urging to urinate. Copious emission of light-yellow urine. The urine has a strong odor. Dark-colored urine. Dark-red urine as if it were mixed with blood. The urine deposits a red sediment.

CAUSTICUM.—Frequent, difficult, and painful micturition. Involuntary emissions of urine when coughing. Nocturnal enuresis. Smarting pain in the urethra while urinating. Light-colored urine, with flocculent sediment.

CHIMAPHILA UMBELLATA.—Chronic catarrh of the bladder. Scanty urine, containing a large quantity of muco-purulent sediment. Urine thick, ropy, of brick color, and copious bloody sediment. Dysuria. Inability to pass the urine without standing with the feet wide apart and the body inclined forward.

CICUTA VIROSA.—Involuntary emission of urine. Frequent desire to urinate; the urine is expelled with great force. Copious micturition.

CINA.—Nocturnal enuresis. Frequent desire to urinate, with copious emission. Turbid urine.

COLCHICUM.—Ischuria. Frequent micturition, with diminished discharge of urine. Constant burning in the urinary organs, with diminished secretion. Brown, black urine. Whitish deposit in the urine.

COLOCYNTHIS.—Alternate stitches in the bladder and rectum. Itching at the orifice of the urethra, with desire to micturate. Retention of urine, with a retraction of the testicles and priapism. Urine fetid; it soon thickens and becomes viscid. Urine becomes turbid, with copious deposit, often like gravel.

CONIUM M.—Pressure on the bladder. Frequent micturition during the night; the urine cannot be retained. The flow of urine suddenly stops, and continues after a short in-

terruption. The urine is thick, white, and turbid, or as clear as water, with frequent calls to pass it. Burning sensation when urinating. Pressure in the neck of the bladder with stitches, worse when walking, better when sitting. Burning in the urethra.

COPAIVÆ BAL.—Excessive irritation of the bladder. Inflammation of the urinary organs; swelling and dilatation of the orifice of the urethra, with pulsative pain throughout the penis. Constant, ineffectual desire to urinate. The urine is emitted in drops. Foaming urine; greenish, turbid, with the odor of violets.

DIGITALIS P.—Inflammation of the neck of the bladder. Pressure on the bladder, with the sensation as if it were too full, continuing after micturition. Continual desire to urinate, only a few drops being passed at each effort; the urine is dark-brown, hot, and burning when emitted. The urine is more easily retained in the recumbent posture. Alternate emission of large and small quantities of colorless urine. Contractive pain in the bladder during micturition.

DULCAMARA.—Paralysis of the bladder, with involuntary discharge of urine. Catarrh of the bladder. Thickening of the coats of the bladder. Retention of urine; strangury; painful micturition. Urine turbid and white. Reddish, burning urine. Mucous sediment in the urine.

ERIGERON.—Vesical catarrh, with pain and irritation. Dysuria in children; they have frequent desire, and cry when urinating; the urine is profuse, and of a very strong odor; the external parts are inflamed and swollen.

GELSEMINUM S.—Enuresis from paralysis of the sphincter, in children at night. Profuse urination. Urging, with scanty emission, and tenesmus of the bladder. Spasm of the bladder, with alternate dysuria and enuresis.

GRAPHITES.—Micturition is preceded by a cutting pressing from the kidneys. Anxious pressure in the bladder, with sudden desire to urinate, but scanty emission. Nightly desire to urinate. Nocturnal enuresis. Frequent micturition. The urine has a sourish smell. The urine becomes very turbid and deposits a reddish sediment.

HEPAR SUL. CAL.—Nocturnal enuresis. Weakness of the bladder. The urine is passed slowly, without force, dropping perpendicularly from the urethra. The urine is flocculent and turbid. Dark-yellow urine, burning while passing. Brown-red urine, the last drops are mixed with blood. Sharp, burn-

ing urine, which corrodes the internal surface of the prepuce. The orifice of the urethra is red and inflamed. Discharge of mucus from the urethra.

HEDEOMA P.—Suppression of urine; tenesmus; painful urination. Cutting, burning pains in the urethra. Scanty emission of urine, with frequent and urgent desire. Urine very dark, like black tea.

HYDRASTIS C.—Chronic cystitis. Catarrh of the bladder, with thick, ropy mucous sediment in the urine. Decomposed smell of the urine.

HYOSCYAMUS N.—Enuresis. Paralysis of the bladder. Retention of urine, with pressure in the bladder. Frequent micturition, with scanty discharges.

IGNATIA A.—Irresistible desire to urinate. Painful pressure, with a scraping sensation in the neck of the bladder, especially when walking. Turbid urine. Frequent emission of watery urine.

JODIUM.—Nocturnal urination. Retention of urine. Increased secretion of thick urine, with dark sediment. Urine dark; turbid; milky; with a variegated cuticle on its surface. Ammoniacal smell of the urine.

KALI BICH.—Frequent discharges of watery urine of strong odor. Painful drawing from the perineum towards the urethra. Urine with white film and deposit of mucous sediment.

LACHESIS.—Urging to urinate. Copious emission of foaming urine. Yellow-colored urine. Copious brown-red urine. Urine with red or brickdust sediment. Turbid and dark urine, with a sediment of brown sand, and a severe cutting during micturition. Sensation as if a ball were rolling in the bladder.

LAUROCERASUS.—Retention of urine. Pale-yellow urine, scanty, acrid, depositing a thick, reddish sediment. Burning in the urethra, and pressing after urinating.

LYCOPODIUM C.—Involuntary micturition. Stitches in the bladder. Frequent emission of large quantities of pale urine. Frequent micturition at night, with rare and scanty emissions of urine during the day. Urine dark, with diminished discharge. Red, sandy sediment in the urine. Painless hæmorrhage from the bladder. Itching in the urethra during and after micturition. Greasy pellicle floats on the urine.

MAGNESIA PHOS.—Nocturnal enuresis, caused by nervous irritation. Spasmodic retention of urine.

MERCURIUS VIVUS.—The quantity of urine passed is larger than that of the fluid drank. Burning in the urethra between the acts of micturition. Inability to retain the urine. Frequent and violent desire to urinate, with scanty emission in a feeble stream. Scanty red urine. Urine turbid and fetid. Dark-red urine, as if mixed with blood. The urine is very turbid, and deposits a sediment. Pieces of white filaments are emitted after the urine. The urine looks as if it contained pus or mucus, and has a sour smell.

NATRUM MUR.—Involuntary micturition when walking, coughing and laughing. Desire to urinate day and night. Stitches in the bladder during micturition, with a smarting, burning sensation in the urethra. Pale urine, with brickdust sediment. Discharge of mucus from the urethra. Dark, coffee-colored urine.

NITRATE OF URANIUM.—Sore feeling in the pubic region. Increased frequency of micturition. Profuse nocturnal urination, straw-colored and fetid. Burning in the urethra, with very acrid urine. Desire to urinate again immediately after voiding urine.

NITRIC ACID.—Enuresis. Nightly desire to urinate, with cutting pain in the abdomen. Scanty, turbid, badly-smelling urine. Fetid urine. Smarting, burning pain in the urethra while urinating. Cramplike, contractive pain from the kidneys towards the bladder. Discharge of bloody mucus, or of pus, from the urethra. The urine is cold when emitted.

NUX VOMICA.—Retention of urine. Strangury. Painful, ineffectual desire to urinate. Painful emission of thick urine. Discharge of pale urine, followed by passage of thick, viscid, whitish, purulent mucus from the bladder. Reddish urine, with brickdust sediment. Burning and lacerating pain in the neck of the bladder during micturition. Hæmatorrhœa.

OPIUM.—Atony of the urinary bladder. Retention of urine from a weakened condition of the contractile power of the bladder. Dark-colored urine, which deposits a brickdust sediment. Lemon-colored urine, depositing much sediment.

PAIREIRA BRAVA.—Violent pains in the bladder. Pain in the thighs, extending down into the feet. Strangury, with paroxysms of violent pain. The urine can only be voided while the patient is on the knees, with the head pressing against the floor. The paroxysms more usually occur in the morning from 3 to 6 o'clock. The urine has a strong ammoniacal smell, and contains a thick, viscid, white mucus.

PHOSPHORUS.—Involuntary emission of urine. Urine with a sediment of white flocculi. Smarting and burning in the urethra, with frequent desire to urinate. Tension over the region of the bladder. Acrid, offensive-smelling urine. Brown urine, with red, sandy sediment. Hæmaturia.

PHOSPHORIC ACID.—Enuresis, with cutting, burning pain in the urethra, and cramp-pain in the region of the kidneys. Spasmodic constriction of the bladder. Profuse discharge of watery urine, in which immediately forms a white cloud. Milky urine, with bloody jelly-like lumps. Burning in the urethra while urinating.

PHYTOLACCA D.—Copious nocturnal micturition. Violent urging to urinate. Urine excessive in quantity, or scanty. Dark-red urine, which leaves a stain on the urinal of a mahogany color, which adheres very closely. The urine deposits a chalklike sediment. Pain in the bladder before and during micturition. Albuminous urine, with increased specific gravity. Frequent and painful inclination to urinate.

PLUMBUM.—Paralysis of the bladder. Tenesmus of the neck of the bladder. Ischuria. Difficult emission of urine. The urine is mixed with blood. Copious red or yellow urine.

POPULUS T.—Catarrh of the bladder. Vesical and urethral irritation. Scalding of the urine. Painful micturition.

PULSATILLA.—Vesical catarrh. Incontinence of urine. Enuresis nocturna. Frequent desire to urinate, with a drawing sensation in the abdomen. Spasmodic pain in the neck of the bladder after micturition, extending to the pelvis and thighs. Involuntary discharge of urine when coughing; the urine is discharged in drops when sitting or walking. Burning in the urethra while urinating. Hæmaturia. Scanty red-brown urine, with brick-colored sediment; bloody or mucous deposit.

RHUS TOX.—Tenesmus vesicæ, with emissions of only a few drops of blood-red urine. Diminished secretion of urine. Incontinence of urine. Urine hot, white, and muddy, or pale, with white sediment. Dark urine, soon becoming turbid.

Ruta G.—Nocturnal enuresis. Continual pressure on the bladder, as if always full; the desire to urinate continues after micturition. Involuntary discharge of urine at night in bed, and while walking during the day. Frequent urging, with emission of green urine.

SARSAPARILLA.—Pain and cramps in the bladder, with urging and burning; urine pale and copious. Frequent urg-

ing to urinate, with scanty but painless discharge; urine clear and red. Severe strangury, with discharge of white, acrid, turbid matter, with mucus. Painful retention of urine. Urine frequently voided; does not become turbid, but deposits a cloud. Frequent and copious discharge of pale urine, which becomes turbid on standing, like clay-water. Urine either too frequent, copious, and pale, or scanty, slimy, flaky, clayey, or sandy. Iridescent pellicle on the urine.

SANTONIN.—Chronic cystitis. Incontinence of urine. Nocturnal enuresis. Dysuria. Suddenly waking with urging to urinate, only a few drops of urine being passed each time. The urine has a peculiar green or orange-green color.

SEPIA.—Nocturnal enuresis, especially during the first sleep. Constant desire to urinate, with painful bearing down in the pelvis, in the morning. Burning in the bladder and urethra. Pressure on the bladder, in the evening, with burning after urinating. Urine turbid, with red sandy sediment and a cuticle on the surface. Urine has an offensive smell and deposits a white sediment.

SQUILLA M.—Tenesmus of the bladder after micturition. Frequent calls to urinate, especially at night, with scanty emission, or profuse discharge of pale urine. Sanguinolent urine, with a deposit of red sediment.

STANNUM.—Painless retention of urine. The urging to urinate is absent, as in atony of the bladder.

STAPHISAGRIA.—Profuse discharge of pale urine, with urging. Frequent desire to urinate, with emission of a small quantity of dark-colored urine. Burning in the urethra during and after urinating. Urging after micturition, as if the bladder had not been emptied.

STRYCHNIA.—Atony of the bladder. Retention of urine or incontinence, when these conditions depend on impaired power of the detrusor muscle of the bladder, from overdistension.

SULPHUR.—Nocturnal enuresis. Violent desire to urinate at night. Copious micturition after midnight. Stitches in the bladder. Cutting pain in the urethra while passing urine. The urine is sometimes clear, and sometimes contains a thick sediment. Rose-colored urine. Fetid urine, a greasy film forming on the surface.

TEREBINTHINA.—Strangury. Dysuria. Violent dragging and cutting pain in the bladder. Burning in the bladder. Urine scanty and red, or bloody urine. Difficult mic-

turition. The urine has the odor of violets, with deposit of mucus, or a thick muddy sediment.

THUJA O.—Frequent urging to urinate, with profuse emission. The urine looks like water when passing, but becomes cloudy on standing. Red urine, depositing a brickdust sediment. Burning in the urethra during and for some time after micturition.

UVA URSI.—Hæmaturia. Painful micturition, with burning. Urine slimy and purulent.

VERATRUM A.—Diuresis. Involuntary emission of urine. Painful pressure on the bladder and burning during micturition. Frequent but scanty emissions of dark-red urine. Green urine.

CAMPHOR FOR CHOLERA.

MR. EDITOR: Every homœopathist will hail with delight any corroborations of the doctrine of Hahnemann. Such we hoped the paper by Rocco Rubini, of Naples, would prove to be; but instead of that it seems simply a claim for camphor as a specific for Asiatic cholera. He has given us several cases treated with camphor alone (see *Hahnemannian Monthly*, July, 1876, page 575), and because only one of the few cases given died, lauds it as a specific.

In those cases the symptoms would frighten no genuine homœopath, but the duration would trouble him, and the amount of medicine (?) used would stagger a "regular." The cases termed "epileptic cholera" are to us something new, but we must consider the additional symptoms as beneficial rather than otherwise, for in their unconscious condition they could have no fear, and many know that fear has more influence to increase the cholera mortality than anything else, even old-school practice. In these cases the cholera symptoms were relieved and the patients were actually better before consciousness returned. As to camphor, we believe it is often indicated, but do not use it often for fear that in case we are obliged to use another remedy the camphor will prevent the other remedy from acting quickly and forcibly. In the cases reported he used from one quart to one gallon (where the amount was given) of strong tincture of camphor, and we believe that one gallon or one quart of clear alcohol poured,

rubbed, or injected into a patient would have a warming effect at least. As the time (six or eight hours) required to give relief seems rather long, we will report three cases treated without camphor, and risk the decision of your readers.

CASE I.—Mrs. —; aged 38; pregnant; expected to be confined September 1st. August 1st was called in great haste, at 10.30 P.M. On reaching the house found great weeping, and received the salutation that “I was too late, the patient was dead.” I walked through the crowd to the bed, and found her wet with perspiration, cold as death, pulseless at the wrist, no signs of breathing, heart beating feebly, and learned that for two hours she had been vomiting and purging violently, passing nothing but water. I immediately poured some *Veratrum alb.*, 2d dec., into her mouth.

In an hour and thirty minutes (12 midnight) she had rallied, had been asleep fifteen minutes, roused up, took a drink, and had gone to sleep again, from which she did not wake for four hours. She took no more medicine; was confined September 1st, and mother and child did well.

CASE II.—Mr. —; aged about 30; has had diarrhœa for a week, from which he felt quite weak. Sunday, at 2 A.M., was taken suddenly with frequent profuse vomiting and purging, the evacuations all being like water; violent cramps in his legs, there being knots nearly as large as a fist; flesh cold; pulse weak. I gave him *Veratrum alb.*, 3d, frequently, and in a short time he was quite easy; had a comfortable day, and next morning went to his work.

CASE III.—Mrs. —; aged 65; has had diarrhœa for several days; was suddenly attacked with profuse vomiting and evacuations from the bowels of slightly colored water (rice-water); great prostration, etc. I saw her nearly two hours later, and found her covered with large drops of perspiration; as cold as if dead; not the least sign of pulse in either wrist; vomiting and diarrhœa incessant; ringing in her ears, she said, louder than any thunder; cramps in her legs raising them from the bed; her entire strength used in calling upon those about her to lie down on her legs to stop the cramps. I gave *Veratrum alb.*, 3d, and *Cuprum met.*, 3d, alternately, a dose every five minutes for an hour, with slight if any change. I then gave one dose of *Cuprum met.*, 1200, and in fifteen minutes she was easier, and all her dangerous symptoms were soon gone; but her limbs were so sore she could not walk for several days.

Now I claim that these cases will average with Dr. Rubini's in violence, that their duration was shorter, and the treatment homœopathic.

A. M. CUSHING, M.D.

LYNN, MASS.

NOTE BY THE EDITOR.—The brief extract from Dr. Rubini's publication given in our last issue, and commented upon by our friend, Dr. Cushing, does not represent the extent of Dr. Rubini's experience as given in the pamphlet distributed at the late World's Homœopathic Convention, but was intended rather to give a peep at the tractate to those of our readers unable to read the Italian. Dr. Rubini reports 703 cases of cholera, treated with camphor alone, most of them in the manner indicated in the specimen cases given in this journal. These cases occurred in 1854, 1855, and 1865; the patients being soldiers in barracks and hospitals, citizens in hospitals and infirmaries, and citizens treated at their homes, in private practice. Of these 448 were treated by Dr. Rubini with but two deaths. The remaining cases, 255, were treated by Drs. Mucci, Pelillo, Simonetti, Capodieci, de Horatiis, Panelli, de Angelis, Cappelli, Sabatini, Salutanzi, Spitilli, and Ricci, and among these there were very few deaths; making a total loss of a dozen out of 703 cases, which is not a bad reckoning, especially when the *locale* of these cases is taken into consideration, viz., Naples and its environs. The services of Dr. Rubini and his colleagues were held in high esteem by the Neapolitans, judging by the testimonials accompanying the pamphlet; and all the statements made are verified by the testimony of various disinterested officials of the Italian government.

LYCOPODIUM IN TETTER, PNEUMONIA, TONSILLITIS, DIPHTHERIA, TORTICOLLIS, SYPHILIS, AND INTERMITTENT FEVER,

AND TIME AND PLACE OF BEGINNING OF CHILLS.

BY ELIAS C. PRICE, M.D., OF BALTIMORE.

(Read before the Baltimore Homœopathic Medical Society, August 3d, 1876.)

THOUGH *Lycopodium* is classed by our medical brethren of the old school as an inert substance, I have long since, with Teste, regarded it as a precious remedy, and during the last twelve months I have appreciated it more than ever.

I do not propose, in the brief period allotted to me, to enter into a detailed statement of the virtues of the drug, but only to give you a brief synopsis of my clinical experience with it, with a very brief reference to a few cases treated by others.

Very early in my practice I learned its value in psoriasis of the hands and fingers. The eruption has a furfuraceous look, and is fissured by deep chaps, which sometimes bleed. A dose of *Lyc.* twice a week soon cures.

About the year 1861 I had a number of cases of latent pneumonia. I distinctly remember my first case.

Case.—J. G., a robust youth of about 18. Very little fever; no pain; not much cough; expectoration scanty and gray; the extreme dyspnoea on taking the least exercise induced me to examine his heart and lungs; the former I found perfectly healthy, but the left lung was hepatized from apex to base. Under Lyc. he recovered perfectly in about two weeks. I have used it in many similar cases since with excellent results. I look upon scanty gray expectoration in latent or chronic pneumonia as the keynote. Dr. C. Pearson, of Washington, gives the following characteristics for Lyc. in pneumonia: Right side most affected; the cough loose, full, and deep, *sounding as though the entire parenchyma were softened, the patient raising a whole mouthful of mucus at a time, which in color is like light rust*, not much unlike that of Bryonia (which he describes as a round jelly-like lump, almost a yellow or soft brick shade), *but not so thick, more stringy, and more easily separated*; and if, in addition, there should be present fanlike motion of the alæ of the nose, there need be no hesitation as to the remedy, for Lyc.²⁰⁰ will almost certainly afford relief within twelve hours.

On one occasion a raw-boned blacksmith came to me saying that about six months before he had been cured of gonorrhœa with Copaiva by Dr. G., and that he had felt like a barrow ever since. Two packages of Lyc. medium dilution restored his sexual feeling. I have several times used it successfully for loss of sexual feeling in old men.

Since writing the above I find it recommended in the *Hahnemannian Monthly* by Dr. Wallace McGeorge, in the 200th and also in the 43,000th potency, for the same purpose.

Lyc. is very highly recommended by Teste in mucous enteritis of children under five years of age. He says after this age it rarely ever corresponds to the symptoms. He says: "An important remark is that this medicine will only be followed by good results when given in extremely feeble doses. We should prescribe two or three globules of the thirtieth dilution in four ounces of rain-water, of which one teaspoonful is to be given to the child in the morning."

There is a form of tonsillitis which was much more prevalent years ago than at present. It is sometimes very hard to distinguish it from the early stage of diphtheria. It consists

of inflammation and enlargement of one of the tonsils, over the surface of which, at about equal distances, are found half a dozen or more minute drops of pus beneath the epithelium. Give Lyc.³⁰ in water every two hours, and in twenty-four hours they are gone, and the swelling and inflammation also. I have cured a number of cases of ulcers of the tonsils resembling chancres very rapidly with Lyc.

Several years ago I had a very severe case of diphtheria, affecting both the throat and nares. I called Dr. Heermann, now of Paris, in counsel. We found the symptoms to correspond to the following symptoms under Lyc. in Raue, page 119. Worse on the right side; the nose is stopped up, and the patient cannot breathe with her mouth shut; she keeps her mouth constantly open, slightly projecting her tongue, which gives her a silly expression. Lyc.³⁰ acted like magic. I had cured three or four other nearly similar cases, when I saw it recommended by Prof. Henry Noah Martin. More recently I have tried it in several cases of diphtheria in the nose that did not have *projecting tongue and silly expression*, as only one nostril was stopped up at a time, *and it failed to act*. I had been so successful with it that I began to look upon it as a specific for diphtheria in the nose, it is such an easy thing for us lazy mortals to glide into a routine course of treatment. One of the cases, after Lyc. failed, was very promptly cured by Liq. calcis chlorinatæ; another very slowly recovered under Nitric acid 1st, Rhus tox.³⁰ centesimal, and when excoriation of the inside of the nostrils and upper lip took place she got Scilla¹⁴, then Hep.³⁵, both centesimal, then Kali bich. 2^x, and then, on account of a chronic catarrh which she had previous to the diphtheria, and of which Glanderin²⁰⁰ had nearly cured her, I resumed the Glanderin again. Besides Lyc., the following remedies seemed to have no influence: Merc. cyan., Sulph. ac. and Liq. calcis chlor. Three of the cases ran into diphtheritic croup and proved fatal.

Several years ago I attended a little girl in an attack of measles. She suffered with stiffness of the left side of the neck; her head was drawn to the left side. I gave her Lyc. 9th without result. A few days afterwards, from imprudence in diet, she had an attack of gastritis; just as she was beginning to convalesce from this she was taken with meningitis, and after this followed chronic diarrhœa, so that two months passed away during nearly the whole of which time she was very ill. I paid no attention to the neck, and it remained in

the same condition. She now began to sit up a little. I promised her mother to see her in four days. In the meantime my friend Dr. H. was taken with typhus fever. He turned over to me about twenty patients, nearly one-half of them with typhoid fever, so I did not get time to see her for about two weeks. When I saw her again she was walking about the room with her head drawn to the left side. On another examination of the case I concluded *Lyc.* must be the remedy; gave six powders of the 200th, three powders to be taken a day; saw her again in three days, and found her well. In this case she took the 9th dilution, got no better; took no more *Lyc.* for two months, got no better; took no medicine of any kind for two weeks, still no better; took *Lyc.*²⁰⁰, and in three days was well.

On the 12th of December, 1866, I was called to see a little boy, about four years old, the son of a colored Methodist preacher. He had a chancre on the inner surface of the prepuce, which I could not see on account of phimosis; there was a discharge from it very much like gonorrhœa; there were three or four condylomatous chancres around the anus, one of them about as large as a dime. My first prescription was *Thuja*; on the 20th, being no better, I gave *Nitric acid*; 27th, *Staph.*; 29th, no better, *Lyc.* 6th internally and 2^x trit. externally; January 3d, 1867, *Lyc.*; January 11th, *Merc. cor.* 3^x trit., three powders a day; 16th, continue; 19th, continue; 21st, no better, *Cinnabar.* 1^x gr. i, three times a day; continued *Cinnabar* up to the 9th of February, no better; *Nitric acid* again up to the 11th of March, no improvement; *Phos. ac.* 1st; 23d, *Kreos.* 12th^x; April 4th, *Lyc.* 3^x trit., some improvement for the first time, but grew worse again; May 1st, *Lyc.*³⁰; May 25th, *Sac. lac.*; June 7th, *Lyc.*²⁰⁰, seven powders, gave one, and directed the rest not to be taken unless required; July 25th, no better, *Lyc.*³⁰, eight powders; September 7th, *Lyc.*³⁰; September 11th, no better, *Lyc.*⁴³⁰⁰⁰, Fincke, one dose, then *Sac. lac.*, at the suggestion of Dr. Heermann; 18th, better, *Sac. lac.*; October 3d, better, *Sac. lac.*; 26th, *Lyc.*⁴³⁰⁰⁰, two powders, one a week; was soon well, required no more medicine.

How did this child get syphilis?

After the child got well the mother told me she thought she could now account for it. She said while they were stationed in Wilmington, Del., when she wanted to go out visiting, she got a girl about thirteen years old, who lived next

door, to come and stay with her children. She was covered all over with sores, which were said to be scrofulous, but from which she had since died. It was no doubt syphilis, and in trying to make the child gratify her passion, she had communicated the disease to him.

A physician once told me of a case where the house being overcrowded with company, on the occasion of a large religious meeting going on in the neighborhood, it became a question where to put them all to sleep. A servant girl in the family suggested that one of the little boys of the family, about eight years old, might sleep with her, at the same time saying "she did not mind George." The next morning George told one of his companions that she had made him gratify her six times during the night.

My patient's disease was evidently chancroid or soft chancre. As soft chancre does not generally produce secondary syphilis, another difficulty arises, which can only be explained by an assertion made at the World's Homœopathic Medical Convention, that a soft chancre *does sometimes produce secondary symptoms*.

At the time I treated this case I was not aware of the opinion of some eminent surgeons, that there were two distinct varieties of chancre virus. I knew that Attomyr made five varieties of chancre, but he considered them all to be produced by one virus.

I now always use local applications in the treatment of chancroid; the mildest and simplest is trisnitrate of Bismuth. First dust the sore with the powder, and then apply a salve of 5ij of Bismuth to one ounce of lard or simple cerate; this will often cure it in a week; if it fails, then you can resort to Nitric, Sulphuric, or Chromic acid. Ricord recommends a pasté made of Sulphuric acid and Charcoal. In my case, I should have had to slit up the prepuce before I could have made a local application to one of the chancres.

At the World's Homœopathic Medical Convention it was recommended to use both internal and external treatment in both varieties of chancre: 1st, because you could not always tell in the beginning when a case was going to be hard or soft chancre; 2d, because sometimes a soft chancre degenerated into a hard chancre; 3d, because sometimes a soft chancre would produce secondary symptoms; and 4th, by cauterizing a hard chancre in the beginning, it prevented the virus from penetrating so deeply into the system.

A train of thought often leads us into by-paths and side-issues, which, if pardonable at all, is only so because *we may think* the matter of sufficient interest to communicate. But others must judge for us.

THE TREATMENT OF INTERMITTENTS.

About the middle of June, 1875, *Lyc.* became in my practice the epidemic remedy for chills, and continued to be in the majority of cases until about the first of May, 1876. Since then we have had very few cases of intermittent fever. Whether it will continue to be the epidemic remedy during the coming autumn, or whether some other remedy will take its place, time alone will tell.

The cases of *Lyc.* intermittent fever come on from 4 to 8 P.M.; about one-half of my cases had no chilly stage at all; the fever was sometimes attended with and sometimes without thirst, showing that thirst is not always a reliable characteristic symptom. The patient was sleepy; fever lasted till midnight, or 2 A.M., and in a few tertian cases, all the next day. Fever generally followed by perspiration, but not always. *Lyc.*²⁰⁰ cured these cases very promptly; several of the patients had no return of the paroxysm after taking the medicine, some had one paroxysm only; a second paroxysm seldom occurred. I only remember one *Lyc.* case that relapsed; that case presented entirely different symptoms after its return, and required a different remedy. If the fever returned every day, I gave the *Lyc.* in water, a teaspoonful every hour, without regard to the paroxysm; if the fever returned every other day, I gave it every two hours.

I will give the case of an old gentleman cured with *Lyc.*²⁰⁰.

CASE.—J. T., aged 67 years. Was called to see him about 5 P.M., September 20, 1875. Had a chill at 5 P.M., on the 16th, lasting nearly all night; headache, dryness in the mouth, but without disposition to drink; very hot during the fever, but no perspiration. Had another slight chill about 5 P.M., on the 17th; none on the 18th, but another on the 19th at 5 P.M. Slight headache, dryness of the mouth, but no desire for water; urine very copious, but no sweat. Pain flying all through him. Edematous swelling all over, but more perceptible about the *face and hands*. Gave him *Lyc.*²⁰⁰ in water, a teaspoonful every hour. The next evening, about chill time, the old gentleman walked nearly a fourth of a

mile to my office; said the fever lasted till 2 or 3 o'clock that morning. Continued the Lyc., and he had no return of the malarial trouble for a period of nine months. Since writing the above he has had chills again; perhaps it is a fresh attack. Lyc. is not indicated. Natr. mur. now seems to be the remedy. Here was an old man in very feeble health, who had had four chills in five days, and yet the Lyc. cut the disease short at once. I found him in bed on the 20th; the next day he walked a fourth of a mile to my office, and the day after went to work.

Lippe gives: tertian fever with sour vomiting (worse between the chill and fever); the chills are followed by bloatedness of the face and hands.

Several years ago I used to cure similar cases with Puls., but it took more than twice as long.

I believe the fact of some patients having thirst and others none is a matter of no importance.

Jahr, in his *Forty Years' Practice*, says, "A beginner in homœopathy, after having perused all that has been published on the treatment of intermittent fever by homœopathic physicians, knows not much more than he did at the beginning. He knows that intermittent fever can be cured by almost any remedy, but he has not learned what remedy will cure a given case of fever, for the reason that in the cases where the characteristic symptoms are not indicated, the general symptoms that are indicated are common to almost every remedy. The difficulty is increased by the erroneous view that in a given case every symptom must be covered by the remedy. This view not only deceives the one who is hunting up a remedy, but likewise the therapist, since it leads him to present every recorded symptom of the case as a characteristic indication, whereas it may sometimes happen that but few of the symptoms are truly characteristic indications, and that they may even be entirely wanting. For this reason we are not astonished at the statement of an old and well-known homœopathist in Belgium, that in spite of the late Dr. Von Boenninghausen's valuable work, which furnishes so many fine hints to a physician who knows how to distinguish the essential from the non-essential, he had never yet succeeded in curing a case of fever and ague homœopathically." After some further remarks he says: "I desire to state at the outset that the accessory symptoms and the *time when they make their appearance* constitute, with a few exceptions, the chief curative

indications, rather than the succession of chill, heat, sweat, and thirst."

Dr. Jahr having made this assertion, from his lifelong and herculean labors in compilation perhaps there was no man then living better qualified to carry out the new arrangement than himself, yet in none of his repertoires with which I am acquainted does he place much emphasis on the time of the recurrence of the chill. In the old editions of *Hull's Jahr*, pages 183, 184, and 185, we find the hours for the appearance of fever in the afternoon designated, and also the designation of early in the morning, forenoon, noon, afternoon, evening, night, before and after midnight, etc. But this is not as definite as coming down to the hours all through the day.

The highest meed of praise is due to Dr. H. V. Miller, for having accomplished the latter. In the *Hahnemannian Monthly*, 1871, vol. vii, he has published a time table, including also the direction of the chills and place of beginning. In my opinion, there is more reliance to be placed on that than on all of Bœnninghausen's concomitants. Not that I wish to detract from the merit of Bœnninghausen for his indefatigable labor and elaborate work.

Dr. Hering wrote, perhaps six months after the publication of the last edition of Bœnninghausen's work on intermittent and other fevers, that although he had not treated a case of intermittent since the publication of the work, there was not another book in his office that had been more frequently or advantageously consulted.

In Dr. Bœnninghausen's last edition, published two years after Dr. Miller's time-table, may also be found a short time table on page 101.

In Baltimore county, where I practiced seventeen years, and where the disease was only endemic in certain localities in the vicinity of large milldams, and where most of the cases treated were contracted elsewhere, I had but little difficulty in curing the disease with the medium potencies, and the cures were generally permanent. After coming to this city, where the disease for several years was epidemic, I have often spent more than half the night in studying my cases after Bœnninghausen's method. I would give the selected remedy.

On my return to see the result, I often "entered the sick-room with confidence in my heart, and a smile upon my brow, but alas! I too often left it chagrined and mortified at the in-

efficacy of the remedies." In the midst of this dilemma, Dr. Ring, a native of this city, but who had been practicing several years in Natchez, Miss., but now a resident of Ohio, came into my office. He said that his partner, Dr. Davis, made the assertion that in malarious districts where the patient was constantly inhaling the miasm, it was useless to give potentized remedies. I found that very low dilutions would often suppress the chills for a time, but they were very prone to return.

I copied Dr. Miller's time-table and carried it in my pocket-case, and have recently studied that table fully in selecting the remedy. During the last year the treatment of intermittent fever, which was formerly the most vexatious and uncertain thing in the world (next to gonorrhœa), has become a real pleasure. If the chill comes at the same hour at every paroxysm, and I can find a remedy corresponding exactly with that hour, I care but very little for any other symptom. If I find more than one remedy corresponding to the hour, then I endeavor to differentiate by the place of beginning and the direction of the chills. If that is not sufficient, I next consider constitutional, and, *last of all*, concomitant symptoms. I now use higher dilutions, and I find the cures are decidedly more permanent. I never cured a case of intermittent fever with Eupat. perf. until I went up to the 30th dilution. Drs. Davis and Ring used the extract.

As a proof that the concomitant symptoms are not always reliable, some of my Lyc. cases had thirst and some had none; some had perspiration and some had none.

I suppose we must have cured at least 50 cases with Lyc.²⁰⁰ during the past year. I never saw intermittent fever so prevalent during the winter as during the past one; but though prevalent it was not violent. By actual count from the 20th of February to the same time in March we treated upwards of 20 cases; after that they fell off.

Prof. J. C. Morgan published a letter I wrote him on the subject in the *United States Medical Investigator*, October 15th, 1875. In that article the printer took the liberty of making a King of Dr. Ring.

I will now give you Dr. Miller's and Dr. Von Bœnninghausen's table, combined with some gleanings of my own.

I select for the paroxysm, whether it be chill or only fever without chill, returning at

1 A.M., Natr. m., Puls.

1 to 2 A.M., Aloe, Ars.?

- 2 A.M., Hepar.
 2 to 4 A.M., Borax.
 3 A.M., THUJA (tertian), Canth., Cedron, Eup.
 4 A.M., Alumina, Arnica.
 5 A.M., Apis., Bovist., Coff., Con., China, Polypor. pin.,
 Sep. (quartan).
 5.30 A.M., Hura Brasiliensis.
 6 A.M., Eup. perf., Nux Vom., VERAT. (tertian).
 6.30 A.M., Hura Brasil.
 6 to 9 A.M., Without heat or sweat, Bovist.
 7 A.M., Ammon. m., Hura Brasil., Pod., Ferr., Nux v.
 (tertian).
 7.30 A.M., Ferr.
 7 to 9 A.M., *Eupat. perf.*; before 9 A.M., Dros.
 7 to 9 A.M. one day and 12 M. next, Eupat. perf.
 8 A.M., Puls., Eupat. perf.
 8.15 A.M., Hura Brasil., 8.30 to 9 A.M., Asaf.
 9 A.M., Angust., Asaf., Carbol. acid, Hura., Hydras., Ipec.,
 Natr. m., Polypor.
 9 to 10 A.M., Rhus rad., Ferr. jod., Eupat. perfol.
 10 A.M., Ars. Bap., Berb., Cact., Carb. v. (Chinin. sulph.
 tertian), Ferr. jod., Hippomanes, Fagopyrum, Polypor. (Gels.,
 tertian fever but no chill), STANN.
 10.30 A.M., Hura Brasil., Lobel. infl.
 10 to 11 A.M., NATR. MUR.
 10 A.M. to 3 P.M., 5 to 8 P.M., Sulph.
 11 A.M., Canth., Cham., Chinin. sulph., Bapt., Berb.,
 Carb. v., Hydras., Ip., Opi. (Calc., Ipec., Nux v., tertian),
 Polypor., Puls., Sulph.
 11 A.M. to 12 M., Cobalt., Kali carb., Sulph.
 11 A.M. to 11 P.M., CACTUS GRAND.
 12 M., Elaps., Lobelia (Nux v., quotidian), Sulph.
 12 to 1 P.M., Ferr. jod.
 12 to 2 P.M., Ars., Lach., Sulph.
 1 P.M., Cactus; with hot ears and hands, Puls.
 1 to 2 P.M., ARS.
 1, 1.30, 2, 3, 4, 6.30 and 10 P.M., Canth.
 1, 3, 4 and 9 P.M., Polypor. pin.
 1 P.M., Hands and feet, Cheli.
 1 P.M., Coff. crud., Cactus g.
 2 to 6 P.M., Borax.
 2 P.M., 11 A.M. one day, 4 P.M. the next, Calc. c.
 2 P.M., after chilliness in both arms, Euphrasia.

- 2 to 4 P.M., 9 P.M., Gels.
- 2 to 3 P.M., Curare (quotidian).
- 3 P.M., towards August, *Apis*, Ars. (Calc. c., tertian), Cedron, Chinin. s., Con. (Nux v., quartan), Staph., Sulph., Tart. em., Thuja.
- 3 to 4 P.M., *APIS*, Lach., Canth., Polypor.
- 3 to 5 P.M., Cocc. cacti, Con.
- 3 to 6 P.M., Ars., Ferr.
- 3 P.M., lasting 12 hours, Canth.
- 3 P.M., till evening, Lyc.
- 3 to 9 P.M., Cedron.
- 4 P.M., *Æscul. hip.*, Canth., Caust., Cham., Cheli., Eupion, Polypor., Puls.
- 4 to 5 P.M., Graph.
- 4 to 7 P.M., Kali hydriod.
- 4 to 8 P.M., *Bovist.*, Graph., Helleb., *Hepar*, Lyc., Magn. m., Natr. s.
- 5 P.M., Ars., Carb. an., Castor., Cheli., China, Ipec., Sarrac. purp., Sulph., Ferr., Hura Brasil.
- 5.30 P.M., Cedron.
- 5 to 6 P.M., Ammon. mur., Cheli., Helleb., Phos. At sunset, Puls.
- 6 P.M., Arg. n., Ars., Bell., Caps., Cham., Cedron, Cheli., Hep., Tart. em., Thuja.
- 6.30 P.M., shivering in upper extremities. Cancer fluvialis.
- 6 to 7 P.M., without subsequent heat, Hep.
- 6 and 7.30 P.M., shivering across shoulders, Clem.
- 6 to 8 P.M., Hep.
- 6 to 8 P.M., lasting till 5 A.M., Gamb.
- 6 to 12 P.M., Lachnan.
- 7 P.M., lasting till 4 A.M., Gamb.
- 7 P.M., Bovis., Calc. caust., Carburetum sul., Castoreum, Petrol., Rhus tox., Natr. sulph., Sulph.
- 7.30 P.M., Calc. caust., Castoreum.
- 8 P.M., beginning at feet, Cheli., *Hepar sulph.*
- 9 P.M., Carb. an., Castor., Cocc. cacti, Croc., Gels., Cycl., Polypor.
- 9 P.M. to 10 A.M., Magn. sulph.
- 9 to 12 P.M., Ammon. carb.
- 10 P.M., Cactus g., Canth. (Chinin. s., tertian), Elaps, Euphorb. amygdaloides.
- 10.30 P.M., Cheli.
- 11 P.M., Cactus, Carb. an., Euphorb. amygd.

12 P.M., Ars.

Chill twice a day, A.M. and 3 to 4 P.M., Apis.

Chill different times of the day, Eupat. purp.

Chill returning every fourteen days, Ars., Calc., China, Puls.

Chill returning yearly, Ars., Carb. v., Lach., Sulph.

Chill till late in afternoon or evening (apt to postpone or antepone), Ign.

Chill returning in regular paroxysms has always been considered an indication for Chinin. sulph. It *cured* one case for me more than a year ago that anticipated two hours and a half every day; that is the only case I used quinine in for more than a year.

Chill anticipates one hour every other day (tertian), Ars.

Chill anticipates, Ars., China, Ign., Natr. m., Nux vom.

Chill postponed, China, Cina.

In a great many of my cases during the last year there has been

Paroxysms of Fever but no Chill.

Fever returning at 2 A.M. and 4 and 10 P.M., Ars.

9 A.M. to 12 M., Cham.

10 to 11 A.M., NATR. MUR. (Gels., tertian.)

11 A.M., Calc. c.

12 M., Spig.

12 M. to 1 P.M., Sil.

1 to 2 P.M., ARS.

3 P.M., Coff., Ferr.

3 to 4 P.M., APIS, Clem.

3, 6, and 8 P.M., Tart. em.

4 P.M. (fever all night), Hep., Ars.

4 to 8 P.M., LYC.

5 P.M., Con., Natr. c., Rhus tox., Sabina, Sulph.

6 P.M., Borax, Carb. v., Caust., Cocc., Hep., Kali c., Nux v., Rhod., Tart. em.

6 to 7 P.M., Calc. c.

6.30 P.M., Cedron, Hura Brasil.

6 to 8 P.M., Tart. em.

7 P.M., Bovis., Lyc., Magn. m., Magn. s., Petr., Rhus.

7 to 8 P.M., Ambra g.

8 P.M., Coff., Hep., Mur. ac., Sulph., Tart. em.

9 P.M., Magn. s.

10 P.M., Ars., Lach., Petrol., Sabina.

I have extended the list considerably from the four published volumes of Allen's *Encyclopedia of Pure Materia Medica*. When the work is completed the list may be easily extended. In Prof. Korndörfer's translation of Boëninghausen's work on intermittent and other fevers, from page 85 to 94, will be found remedies for the place of beginning of the chill; also in the *Hahnemannian Monthly*, vol. vii, p. 168, will be found Dr. Miller's article on the same subject. I will take the liberty of adding a few others as an appendix:

On nape of neck and between the shoulders, Polypor.

On the shoulders, Lach.

Between the shoulders, Sarracenia.

In left arm (also in one arm), hands and feet, Carb. v.

In right side or right arm, Merc. peren.

In hands and feet, Calc., Gels.

In fingers and toes, Nux.

On tips of the fingers and tips of the toes, tips of ears and tip of nose, Cycl.

In hands, Bry.

With clenching of the hands, Cimex.

Fingers and toes, Nux.

In the chest, Apis, Kreos., Lithia, Rhus tox., Spig.

Region of the heart, Spig.

Extends from pit of stomach only as far as abdomen; lower limbs, Spig.

Back, Angust., Eupat. purp., Gum. g., Hippom.

Right arm and leg, Rhus tox.

Knees, Apis.

NOTE.—I have had the "time-table" printed on a card suitable to be carried in a physician's pocket-case. They can be obtained at the pharmacies.

SHOULDER PRESENTATIONS.

BY THOMAS E. ENLOE, M.D., NASHVILLE, TENNESSEE.

IN a communication to the London *Lancet*, Dr. Maxson, of Syracuse, New York, refers to a case of shoulder presentation which was rectified by raising the hips to an angle of nearly ninety degrees and making pressure on the shoulder till it receded. He was enabled to grasp the vertex with the fingers, and, with the help of the next pain, so engage it,

that when the patient was placed on her left side, in the bed, a perfectly natural presentation was found to have resulted. The labor progressed naturally, and in a few hours was terminated by the delivery of a boy weighing ten pounds. When reading this case it impressed me very forcibly, as I had myself had a similar case in hand but a few days before. I was called, August 2d, 1876, to attend Mrs. N., æt. 36, in labor with her sixth child. Labor had begun twelve hours before, the pains being slight. Two hours before I saw her the waters had gone off, and on making examination I found the os dilated to the size of a quarter of a dollar and the vertex presenting. From the fact that the membranes had broken so early, and the small degree of dilatation, I prognosticated a tedious labor and took my leave. On returning, two hours after, I made another examination and found a prolapsed cord, which was replaced, the os in the meantime having dilated to the size of a dollar. At the next pain the cord came down again, and on trying to replace it I found the arm and shoulder presenting, the head having passed from the brim of the pelvis to the right side. The uterus, as might be expected, being tightly contracted around the body of the child, and the mother being exceedingly sensitive to pain and very nervous, so that turning was not possible, I began to administer ether, to induce relaxation and render the patient insensible to pain incident to turning. Meanwhile I had sent for Dr. J. P. Dake, in consultation, and when he arrived I had the patient completely anæsthetized, and the Doctor, on examining, found the uterus less tense, and in an effort to pass by the shoulders in getting the feet he found the body so movable that we conceived the idea of correcting the presentation, so as to bring the head again into line at the superior strait. After considering the capacity of the pelvis, we decided to leave the arm protruding. Placing the patient upon her left side, so as to have the aid of gravity, we pressed the shoulder upward and to the left, with one hand in the vagina, and the head in the same direction, with the other hand on the outside and on the right of the abdomen. Soon finding the head in line, by the aid of the vectis and a few good pains, the upper strait was safely entered, and we had the satisfaction of finding the head slowly but surely advancing. As it rested on the perineum, making slow progress, it was determined to use the arm as a tractor at the next pain, with the gratifying result of delivery in a very short time. We found the cord

prolapsed to such an extent that it was impossible to keep it in place, and desired to use the forceps in order to facilitate the labor and save the child. This the patient would not submit to, notwithstanding we assured her she would otherwise lose her child. I feel assured the forceps would have saved the child, without detriment to the mother, and have shortened the labor several hours. This case illustrates the capabilities of nature and opportunities of art to overcome what may well be considered dangerous complications, and it also shows the fallacy of being guided, on all occasions and under all circumstances, by authorities. The intelligence of the physician should govern him in his management of all cases intrusted to his care.

The three points worth remembering in this case are: 1st, the relaxing influence of the ether; 2d, the pressure made upon the child, both within and without the uterus; and 3d, the position of the mother.

THE RELATION OF ABNORMAL CONDITIONS OF THE TEETH TO NEURALGIA.

BY E. C. WELCH, D.D.S., OF PHILADELPHIA.

THE seat of disease is not always where the pain is located, and it demands a keen discernment as to the relative importance of the various symptoms manifested, for a sign which would seem of but trivial importance to the less experienced, might to another change the diagnosis completely. Neuralgic pains in the popliteal space may have a significance which would not in the least call for treatment in that locality. A pain in the shoulder may point to the liver as the seat of irritation. The peculiar action of the nervous system in making impressions of pain in a location distant from the irritation is a subject that demands special attention, and perhaps this action is more frequently observed in connection with the fifth pair of nerves and its connections than in any other locality.

Tanner says: "Of all the causes of *tic douloureux*, I believe none to be so frequent as some morbid condition of the teeth;" yet it is not of infrequent occurrence that a patient suffering from facial neuralgia is treated for some time unsuccessfully, before the true cause is discovered in an offending tooth.

Usually the neuralgia is limited to one of the three divisions of the nerve, but often affects two, and even three, causing the most distressing hemiopia.

The following case was mentioned to me by Dr. Pemberton Dudley, of Philadelphia. A patient presented himself to the Doctor, suffering extremely from hemiopia. The examination failed to reveal the cause, all points bearing on the disease being thoroughly canvassed except a critical examination of the dental organs. He was sent to his dentist, with the request that such an examination be made. The dentist declared them, prematurely, as the sequel proved, in no way connected with the neuralgia. A treatment for a month failed to give any relief, when the Doctor insisted that the irritation was in the teeth, and again sent him to his dentist. In the examination this time the teeth were struck one by one with an instrument, and upon striking a certain tooth the patient complained of pain being quite apparent. A closer inspection of the tooth revealed a small cavity of decay. The cause of the four weeks' suffering was found. The tooth received treatment, and the neuralgia disappeared as if by magic.

Let us examine the trigeminus nerve and see what are its relations to the organs of mastication.

Not to be too precise and lengthy in our description, the fifth nerve arises from the medulla oblongata by two roots—a sensory and motor—the former of which enters the Gasserian ganglion, the latter finding exit from the cranium with the third division of the sensory root of the nerve. From the Gasserian ganglion the sensory part of the nerve divides into three large trunks.

The first, or ophthalmic division, dividing into three branches, passes through the anterior lacerated foramen, distributing its filaments to the mucous membrane of the eye and nose, the integument and muscles of the eyebrow and forehead, also to the eyeball and lachrymal gland; its terminal filaments finding exit from the orbit by the supraorbital notch or foramen.

The second, or superior maxillary division of the nerve, passes out of the cranium through the foramen rotundum, and after giving off branches to the sphenopalatine ganglion and other points, sends a branch, the posterior dental, through the superior maxillary bone, to supply the pulps of the molar and posterior teeth, anastomosing with the anterior dental branch of the same nerve which supplies the anterior teeth. The

main trunk, passing through the infraorbital foramen, spreads its filaments on the cheek, nose, upper lip, etc. Other branches partially supply the malar and temporal regions.

The third, or inferior maxillary division, associated with the motor root, passes out by the foramen ovale, where it divides into two branches. The anterior, including a few sensory filaments and all of the motor root, passes to the muscles of mastication. The posterior supplies branches to the ear, temple, parotid gland, tongue, integument, and the inferior dental, which enters the posterior dental foramen, and supplies sensation to the pulps of the inferior teeth and the lower jaw, its terminal branches finding exit from the body of the bone through the mental foramen, where it spreads itself over the integument, supplying the muscles and lower lip.

We note the distribution in part of this nerve, that this fact may be brought forth. The two largest divisions of the trifacial are those which send their branches to the superior and inferior jaws, subdividing, for distribution to the teeth, into thirty-two branches, sixteen on each side of the median line, corresponding with the number of teeth. As any irritation to one of the filaments is liable to involve the whole nerve in morbid action, those filaments that are distributed to organs or points the most subject to disease, are those which are the most prone to involve the main trunk in neuralgic trouble.

The dental nerves terminate, so far as visual observation is concerned, in the pulps of the teeth, yet the tooth-substance itself is possessed of sensibility which may be very acute in positions remote from the vicinity of the pulp, demonstrating that there is some nervous connection farther into the bony structure of the tooth than the nerves are seen to terminate.

The mineral constituents of the teeth vary in formation and density, ultimating in three distinct types of structure:

1st. The enamel, hard and flinty, forming the covering of the crown, possessed of about ninety-seven per cent. of inorganic matter, is the least sensitive of the three.

2d. The dentine, composing the major part of the tooth, surrounds the pulp-chamber and canal to nearly the apex of the root, is possessed of seventy-two per cent. of inorganic material, being less dense but more sensitive to various morbid conditions.

3d. The cementum, forming the sheath of the root, more

vascular than the dentine, being allied to bone structure, containing lacunæ, canaliculi, and even Haversian canals.

As there is sensibility in the mineral portions where there is no visual evidence of nerves, it must be taken for granted that the nervous fluid or principle is capable of extreme attenuation, perhaps as a halitus, and by occupying the interspaces which exist between the prisms of structural arrangement in the enamel and the dentinal tubuli of the dentine, serve as a medium for the cognizance of impressions in a way peculiarly adapted to such dense structures. Not infrequently do we find teeth so extremely sensitive on some points that a slight touch with a probe will produce a decided pain, yet that point of sensation may be three lines distant from the pulp-chamber. Occasionally in removing superficial decay the operation is painful, but upon the application of the chloride of zinc, the operation may be continued without discomfort. The application of the escharotic cauterizes the tissue, taking from it its vitality to a certain depth and its ability of appreciating injury; demonstrating the fact that the termination of the dental branches of the trifacial nerve may not be in the pulps of the teeth, but to all intents and purposes lose themselves in the structure of the mineral parts, thus increasing the points where irritation may affect them.

Noticing the intimate relation which exists between the teeth and the trifacial nerve, their supply demanding its largest branches, let us observe the abnormal conditions to which the teeth are subject, and their influence on the terminal filaments which supply them with nervous sensibility.

The most frequent cause of neuralgia, when it arises from abnormal conditions of the teeth, is caries. By the chemical decomposition of the food lodged between crowded teeth, or at points where its removal is not effected, gases and acids are produced which have a direct action on the tooth structure, causing it to disintegrate and break down, the first depression formed affording a nidus in which decomposition may the more rapidly proceed, as débris finds there a more undisturbed abiding in the which to pursue its destructive work. This consumption of the teeth is the result of powerful attack at a vital point, and from even the first impression to the last it may be a direct cause of neuralgia. The reason why it may be so is apparent from preceding statements. This condition we say is the most frequent cause of neuralgia, yet many may and do suffer from the inroads of decay without experiencing

neuralgic pains, except as associated with pain in the tooth affected, while others may have no pain during the whole progress of the disease that would cause complaint.

The neuralgia that is associated with pain in a particular carious tooth is easy of diagnosis, but where there is no uneasiness, although the teeth are apparently carious, is a condition which, in the hands of many practitioners, receives not the treatment which its importance demands. This last condition is many times amenable to treatment which disregards the teeth as the cause, as in many cases the exhibition of a nervine will dissipate the pain, but as surely will it return when the effect of remedies has ceased and the same condition of the general system is resumed. Morphia may break up a paroxysm and will afford relief for some time, but a little excitement will sooner or later, if the teeth receive no treatment, bring about a recurrence of the pain.

In cases of neuralgia, where there is no apparent cause otherwise, the practitioner may look to the teeth with much hope of its explanation. Nor is a casual observation of the conditions of these organs sufficient in many cases. An examination with the mouth mirror may not reveal decay, yet that may still be the trouble, and it may require the careful separation of several teeth before it is discovered. Superficial decay may be the cause, but more commonly it is the deep which has approached the immediate vicinity of the pulp, or completely exposed it.

If decay has not resulted in complete exposure of the pulp, it should receive conservative treatment, tending to protect the pulp from further irritation. If the pulp is exposed and beyond the hope of salvation, it must be devitalized and removed, and in many cases a temporary stopping should be inserted preliminary to the introduction of a gold filling. Should the whole crown of the tooth be destroyed by caries, its removal is generally indicated.

If, in searching for the cause of neuralgia, no decayed teeth can be found, further observation in that direction is not indicated. A dead pulp in an otherwise sound tooth may be the offence. Such a condition may be incurred from a blow on a tooth, causing inflammation and death of the pulp immediately, or an impairment of its functions, which admits of a slow devitalization of the pulp, occasionally without pain being attributed to the tooth so injured. The peculiar opaqueness of the tooth, compared with others, is a valuable sign in

this diagnosis. All teeth have a certain translucent appearance. This is destroyed, to a greater or less extent when the pulp is devitalized. Some teeth become very much discolored on account of absorbing the gases generated by a decomposing pulp; especially is this noticed in young teeth.

Teeth may not die at the time they receive a fatal injury. Dr. J. H. McQuillan mentions the case of his son, who several years ago fell and struck a front tooth, loosening it to some extent. The tooth recovered apparently, and gave no trouble until the patient was recently attacked with typhoid fever, but while recovering he complained of pain in the tooth. The Doctor drilled into the pulp-cavity of the tooth, and found that a cyst had been formed, as through the opening pus freely escaped. The pulp seemed to be able to maintain its vitality under favorable conditions, but when the system was weakened by disease it succumbed to the injury long before received. Devitalized teeth may be the cause of neuralgia, although they may not evince their condition by localized pain. The tapping of the tooth with an instrument will frequently produce a sensation which designates it as the cause of trouble.

Hypertrophy of the cementum is also a frequent cause of neuralgia. These tumors of bony material may grow at the sides and apex of the roots of teeth, causing absorption of the alveolar process against which they press. The presence of these tumors acts as an irritative to the surrounding periosteum, and also to the nerve as it enters the apical foramen of the tooth. Frequently otherwise perfect teeth are extracted for this condition alone, as it admits of no other mode of treatment. Persons subject to neuralgia on this account often lose several teeth for the same reason. I have in my possession a molar tooth the apical end of which is covered with exostoses to one-third the length of the root. It was extracted from the mouth of a middle-aged lady, at the Philadelphia Dental College, who had all the teeth of her upper jaw removed; they were all so hypertrophied, some to a greater extent than the one in my possession. The lady had suffered extremely from facial neuralgia. These tumors are often quite difficult to diagnose.

Exostosis is also an occasional excitant of neuralgia, which persists with considerable violence until the cause is appreciated and removed. The growth of these nodules of dentine on the sides of the pulp-chamber will more frequently cause dis-

truss referable to the diseased tooth than will exostosis, and is perhaps easier of diagnosis. As these tumors increase in size they impinge on the pulp in its confined position, interfering with the circulation, and irritating, by pressure, the nerve filaments. To the tap of an instrument the tooth will generally respond in pain. Cold water suddenly applied also causes a response. Extraction of the tooth would bring instant relief, although a better plan would be to devitalize the pulp, remove the nodules of dentine with it, and treat as in other cases.

Obstacles to the eruption of teeth sometimes bring about a decided neuralgia; especially is this noticed associated with the dens sapientiæ. These teeth, erupting at the last hour of dental development, sometimes find that their exit from the jaw is impeded by two causes: first, overlying gum of dense structure and unyielding process; second, the second molar occupying part of the space which should be occupied by the wisdom tooth when in its right position. Under these circumstances extensive irritation is often occasioned, causing neuralgia, and even ultimating in trismus. The gum should be lanced when it is the barrier. In many cases the second molar should be extracted to make room for the advancing tooth. An imbedded wisdom tooth will not always produce localized irritation and pain, but its effects may be on the fifth pair of nerves long before any localized trouble is evinced. Such cases generally present themselves between the ages of eighteen and twenty-five, corresponding with the period of eruption of the third molars. The appearance of supernumerary teeth in a complete arch will bring about the same morbid conditions.

A cause which may frequently escape observation, is a filling in a tooth in that close proximity to an abnormally inclined pulp that its presence acts as an irritant. When this is presumed to be the case, the judgment of the dentist who inserted the filling should be sought. When such cases are presented for treatment, and the diagnosis is confined to teeth with fillings, our decision for or against their removal would depend upon the ability of the one who inserted them. As a last resort fillings should be removed, although they are perfect as far as preserving the teeth from decay is concerned. The substitution of tinfoil for gold, where irritation of the pulp is apparent, will generally bring about a favorable condition, as tin will not conduct thermal changes with the same rapidity.

The subject is by no means exhausted. A more minute description and delineation of the various abnormal conditions which bear directly on the subject might be perused with advantage; but enough has been considered from which to form a conclusion that to perhaps all is occasionally verified, viz., that in the treatment of neuralgia, an examination of the teeth is of the utmost importance, as often revealing the direct cause of the lesion; that a casual inspection will not always suffice; that in extremely difficult cases, for diagnosis the removal of fillings may be resorted to with hope of success.

THE FIGHT WITHIN THE LINES.

BY G. PROBST SLOUGH, M.D.

It seems to be fully time to quit fighting allopathy and its congener antipathy; they cease to be an object. The struggle is virtually over, and more can now be accomplished by indifference, by contemptuous inattention, than by most labored attack. The foundation is laid and firmly laid in *acceptance* by the people, who will not be blind to means and results.

A more inviting field is open and likely to remain so for some time to come; it is the fight within the lines. We denominate it a fight, and so it must remain until the yielding of one or the other of the parties. It is of *pure* as against *deformed* homœopathy, which is made up of all grades of physiologico-pathologico-syncretic organopathy, tissue generalizations and keynote abstractions; it is a system large and well-defined in grade from coarse to fine, and embraces among its adherents the most of the so-called best blood of the profession.

What do we see as a relief to this widespread deterioration? But one man standing out boldly and determinedly against the general tendency, asking in winning words here, and demanding by hard logic there, a return to the true path. I refer, of course, to Dr. Adolph Lippe, of Philadelphia.

The object of this is but to enter another protest against the attention paid to the pathologic, or the geometrico-anatomical indications, or chemico-constitutional, or histologic, or whatsoever eclectic or syncretic indications, by whatever name of repute propped up or forced into notoriety. They are all, from coarse to fine, but derivations, and derivations from the truth. By their side still stands the simple foundation reared

by Hahnemann, sufficient to this day against all assault from without or from within, though neglected, partly forgotten, or with manifold reservations (tacit or expressed) accepted; and by others received with haughty consideration and to stand good only so far as amended by *their* abstractions.

We append a running gospel commentary (which we may hereafter continue) to the simple creed.

CREDO.

“That the physician’s highest and only calling is to restore health to the sick, which is called healing.”

Can anything be simpler or more to the point? This is art; it is *not* struggling philosophy. We will not decry philosophy; it is good for the closet and the main element of growth; but it should consistently stick to the closet until it concretes to art, and a better than the one it attempts imperfectly to modify; or if it must need come out to display itself, let it be in the gown of the student, not in the livery of the practitioner. We say emphatically again, that philosophy, whether backed by the names of a Hahnemann or a Hering or (oh! what a fall) a Schüssler, has no business with that consolidated philosophy, the healing art of Samuel Hahnemann, which has stood the test, and now stands in the attitude of triumph.

What a motley crew are those mainly who since his time have hurled their ipse-dixit against that reformer; whether it be Hering in his weighty efforts at exposition of the absurdities of Hahnemann, or in his added contraria indication of geometric direction; or again, Schüssler with his sickly and puny generalizations devoid of but the coarsest foundation; or still again, the rigmaroles of Grauvogl playing his tunes now upon chemistry, now upon physiology, now upon pathology, and having at last a fit appreciator in that elegant and syntactical translator of “*Conditio sine qua non*,” in the *Investigator*; and yet again, Guernsey, who has given birth to that monstrosity, the keynote system, a fœtus having too much head to die and too little body to live.

We would march them out from their closets and sun them a little, these improvers of Hahnemann, these remodellers of a reformer.

Then look again at Hempel, who is becoming a little dusty through age and past service. See what a self-depreciatory

effort he made toward remodelling the reformer in his "Critical and Synthetical Exposition," etc., or his "Inductive Exposition," etc., by which, in title and matter, he must beat the *Organon* out of sight. He was among the first to take the bull by the horns, and if we may judge by the result he has been pretty well floored, or rather shelved.

Look again at Lorbacker. What a figure he cuts when he asks to be emancipated from the person of Hahnemann; it is as if the pigmy were to claim absolution, on the score of strength, from the dominion of the giant. Then Dr. Wesselhæft must need give us a gentle hint that he dare tackle even the dictum, by intimating that "it is the most practical guide to aid us in the selection of most, *perhaps* of all, medicines." However, we must give Dr. Wesselhæft the credit of making about the *faintest* attempt of all his predecessors in the art of amending Hahnemann. Neither are we unmindful of the claims (to mention) of Dr. Morgan, with his centrics and eccentricities; of Dr. Burt, with his localized groups; of Dr. Hale, who cures with large doses when he cannot cure with small; nor would we pass by without mention "Hale's," and the learned dissertations of others on primary and secondary effects. These crudities shall not be suppressed, seeing how easily these men lift themselves to the level of Hahnemann.

We would here say the words of justice for all these men, in acknowledgment of their services in furthering the means of homœopathy as long as they worked *under the rule*, and our object in this paper is to say the equal word of justice, that by attempted amendments they have humiliated themselves, and placed in sterner and grander relief the figure of that reformer in the art of healing of which the world has seen but one.

For consider what a reformer is, and what the circumstances of his call. He comes but once in centuries, and in this case, that of the art of cure, there has been but one in all time.

Nature is sparse of all such productions. Think you that such labored work of nature is to be readily improved, lopped off here, amended there, and trifled with throughout?

Nature is jealous, too, of her work, and the fate of meddlers will be a warning in after time.

The mighty Hausmann, too, looms up with his profound histologic developments; and when we attempt to look down with him into the deeps of mollusk and vertebrated life, with its correspondent crystalline mineral development, and when

with him our heads swim at the details of his chemico-geometric method, we had almost forgotten the plain lessons of the plain artist Hahnemann, and we need rap ourselves back to memory; and quietly as we are restored there come the beautiful words of the master, like some vesper chant, over the distance; they seem to be newly true and more beautiful by contrast as one after another they enter to take their old accustomed seats. Here are some of the old friends:

"All changes of feeling, produced by the disturbed vital force in the organism, actually constitute the disease itself.

"Diseases evidently *are not* and *cannot be* mechanical or chemical changes of the material body.

"A true physician will know how to avoid the habit of considering certain remedies as favorites, merely because he happened to find them frequently adapted to diseases, and followed by favorable results."

FROM OUR LIVERPOOL CORRESPONDENT.

THE following communication will, no doubt, be read with deep interest, and we trust it will be the means of awakening an interest in the excellent association referred to in this country.

On August 31st Dr. Hayward called together about twenty of his colleagues, and gave them an account of the reception met with by himself and his fellow-delegates to "the World's Homœopathic Convention."

Amongst other things, he said that nothing could exceed the kindness and liberality with which they were treated; that everything had been done, professionally and socially, by their American colleagues to make the visit a pleasant and profitable one. He had been very favorably impressed by the character, the ability, and the position of the homœopathic practitioners, and of homœopathy in America; and he felt that a closer bond of union and a greater familiarity between the homœopathic practitioners of the old and new worlds would result from the Convention, and be a benefit to homœopathy and to its practitioners and patients throughout the world.

He was glad to be able to say that his American colleagues appeared inclined to enter heartily into the work of the Hahnemann Publishing Society. They had requested him to draw up a short account of its organization, its objects, and its work—past, present, and future—in order that they might understand how to act in reference thereto.

He submitted to his colleagues the account he had drawn up, and they approved of it, and hoped the Americans would put their shoulders to the wheel and help on the work.

The following is a copy of this document:

The Hahnemann Publishing Society.

This Society has been established in England on the model of the Sydenham Society; that is, it is composed of members who pay a guinea

subscription, and for this they receive a guinea's worth of books or other printed matter at about cost price.

Its objects are: The publication of English, and the translation of foreign, well-arranged, practical homœopathic works, which, though essential to the English homœopathic practitioner, are expensive to print and of so limited a sale as to deter publishers from bringing them out at their own risk. See *Monthly Homœopathic Review*, viii, 458.

In the old school, where the workers are numerous, a sufficient number of works are presented to the Society to enable it to supply a guinea's worth each year, and the subscription is annual; but in the new school, where the workers are (at least in England) necessarily few, a sufficient number of works are not presented annually, hence the subscription is not *annual* but *occasional*; that is, a fresh subscription is called for only after the previous one has been exhausted, by the member having been supplied with a guinea's worth of books at about cost price. This must, of course, occur more or less frequently, according to the amount of matter presented to the Society for publication or translation. The number of members in the Sydenham Society enables it to pay for the work done for it; and with a slightly increased number of members the Hahnemann Publishing Society will be able to do the same; even now it is prepared to make small grants to meet certain expenses of workers.

The *first* and most important work for a homœopathic practitioner to possess being a *PURE MATERIA MEDICA*, the Society first addressed itself to this object. Now, the essentials of a *pure* Materia Medica are that it shall be a record of the pure effects of the drug; and that they shall be recorded in the natural order of their occurrence, with the conditions, the concomitants, and the connections of the symptoms carefully maintained, so as to give a true picture of the morbid state producible by the drug. These essentials have been carefully kept in view in the preparation of the *Materia Medica* being issued by the Society—*The Hahnemann Materia Medica*—and it will be found that they have been strictly carried out with the five medicines already presented to the members; the groups of the symptoms have not been chopped up and dismembered as in other Homœopathic *Materia Medica*s, but given whole and entire as they occurred. This is, however, *the only Materia Medica in which this plan has been followed*. See Introduction to *Hahnemann Materia Medica*.

As it is necessary not only to have a general idea of the morbid state producible by drugs, but to be able to adapt the particular symptoms producible by drugs to the particular symptoms presented by patients,

The *second* most important work for the homœopathic practitioner to possess is a *COMPLETE AND HANDY REPERTORY*, or index to these symptoms in the *Materia Medica Pura*; the Society, therefore, next addressed itself to this object. Now, the essentials of a complete and handy Repertory are, that its arrangement shall be such that any symptom may be quickly found; and when, and wherever, found, the symptom shall be complete, with all its essential connections, and with all its conditions and concomitants, and its locality, distinctly and fully given, and yet the book itself be of such a size as to be easily handled. These essentials have been carefully kept in view in the preparation of the Repertory being issued by the Society—*The British Repertory*—and it will be found that they have been strictly carried out in the fifteen chapters already presented to the members. It may be said: It is impossible to give every symptom in the *Materia Medica* under all the separate headings of all its parts, of all its conditions, all its concomitants, all its connections, and all its localities, and yet "the book itself be of such a size as to be easily handled." True, it had previously been found to be impossible; but this

difficulty has been overcome in the British *Repertory*, and this has been done without interfering with the general usefulness or easy reference; it has been accomplished by printing in the ordinary type only the word looked for, and filling in all the other parts of the symptom in cipher; by this means the word looked for is found as in other repertories, but each time the *whole* symptom is filled in by ciphers, so as to be given in full each time, but to occupy only little space. Thus, if a *pain* be looked for it will be found in full in ordinary type, but the condition, the concomitant and the locality are given in cipher; if the *condition* be looked for it will be found printed in full as usual, but the pain, the concomitant, and the locality are given in cipher; if the *concomitant* be looked for, it will be found printed as in other repertories, but the pain, the condition, and the locality are given in cipher; and so if the *locality* be looked for it will be found printed in full, but the pain with its conditions and concomitants are given in cipher; hence each time any part of any symptom is looked up, the *whole symptom*, with all its natural connections, is presented to the eye of the practitioner in a very small space. And *this is the only Repertory in which this is the case*. Speaking of this Repertory, Dr. Constantine Hering says: "A number of real, *i. e.*, well-educated physicians, have performed the laborious task, with the evident intention of giving the homœopathic practitioners a better work than any former, even in the German literature, and in a more concise form a Repertory, which is more complete than any other. . . . This Repertory might be the turning-point in the course of our art in England and here, and prevent the rapid 'going down' which has become apparent of late years."—*American Homœopathic Review*, 1858-9, vol. i, p. 518.

Now, besides the indications for the use of drugs presented in their pure effects on the body and mind, there are an immense number of very useful indications derived from the *usus in morbis*; and though these "clinical indications" should be carefully excluded from the *materia medica*, and the repertory thereto, they should not be neglected. The Society has, therefore, addressed itself to the collecting and arranging of these in repertorial form, in the THERAPEUTIC PART of the British Repertory. The British Homœopathic Society has given a grant of £100 towards the expenses of this work. For the plan and illustrations of this work, see *British Journal of Homœopathy*, xxxi (1873), p. 385; and *Monthly Homœopathic Review* (1870), xiv, p. 468; (1871) xv, pp. 89, 321, 651; (1873) xvii, pp. 524, 684, 720; see also *British Journal of Homœopathy*, xxix, p. 140.

The benefits of forming a society of this kind are, that a fund is provided to meet the expenses of publication, the works are published as economically as possible, and they are supplied to the members without trouble to them, and at about cost price: thus, books sold to non-members at 18s. are sold to members at from 9s. to 15s.; those sold at 7s. for 5s. 6d.; those at 4s. for 2s. 6d., and so on. It is earnestly hoped, therefore, that every homœopathic practitioner will join the Society, because, to carry out its objects, and fully to reap the advantages it offers, and to enable it to pay for the work done for it, it is necessary that the number of its members should be large. There are in Great Britain over three hundred professed homœopathic practitioners, and yet only eighty-eight are members of this society; though to every one of them its works are absolutely essential to accuracy of practice! If those who are not members have purchased its publications they have each paid for them about 17s. more than they would have done had they been members, besides having withheld from the Society the assistance of their countenance and support; and they have so far retarded the progress of our noble cause. All

that is necessary to constitute membership is to send the name and address and a guinea to the secretary, Dr. John W. Hayward, 117 Grove Street, Liverpool (if P. O. O., made payable at Myrtle Street), and he will forward the books as they are published. Let it, however, be remembered that it is not only members that are wanted but it is *workmen*; indeed, the funds are in excess of the demands for them; it is workers that are wanted, and it is earnestly hoped that not only will members suggest works for the Society to publish or translate, but that they will themselves also assist in completing the *Materia Medica*, the *Repertory*, and the *Therapeutics* work of the Society. The work offers choice calculated to meet the tastes of all: there is *materia medica* work, which will suit those who have a taste for the real groundwork and science of homœopathy; there is *repertory* work, which will suit those who delight in truly symptomatic treatment; and there is the *clinical* work, which, as well as suiting those who delight in keynotes, will also offer an opportunity to the older practitioners, whose long experience has taught them many very valuable clinical indications.

These three spheres of work are confided to three committees: I. The "*Materia Medica* Committee," of which Dr. Dudgeon is convener; II. The "*Repertory* Committee," of which Dr. Drysdale is convener; III. The "*Therapeutic* Committee," of which Dr. Pope is convener; and all work presented to the Society is finally submitted to IV. The "*Printing and Publishing* Committee," composed of the President, Vice-President, and the Treasurer and Secretary.

The works already (1876) published by the Society are:

I. The *HAHNEMANN MATERIA MEDICA*, containing *Kali bichromicum*, by Dr. Drysdale; *Aconitum*, by Dr. Dudgeon; *Arsenicum*, by Dr. Black; *Uranium nitricum*, by Dr. E. T. Blake; and *Belladonna*, by Dr. R. Hughes.

II. The "*BRITISH REPERTORY*," containing; chaps. i, "Disposition," ii, "Mind," iii, "Head," iv, "Eyes," v, "Ears," by Dr. Dudgeon; vi, "Nose and Smell," vii, "Face and Neck," viii, "Teeth and Gums," ix, "Mouth and Tongue," x, "Throat," xi, "Appetite, Taste, and Digestion," xii, "Acidity, Nausea, and Vomiting," xiii, "Stomach," by Drs. Drysdale and Stokes; xiv, "Abdomen," by Drs. Drysdale, Stokes, and Hayward; xv, "Stools and Anus," by Dr. H. Nankivell.

III. The "*THERAPEUTIC PART*," specimen chapters: "Bronchitis," by Dr. R. Hughes; "Jaundice," by Dr. J. Gibbs Blake; "Acute Rheumatism," by Drs. Drysdale and Blake; "Obesity," by Dr. Ker; and "Morbid Growths," by Dr. Black.

The work now in hand is, *MATERIA MEDICA*: *Natrum muriaticum*, by Dr. Galloway; *Naja tripudians*, by Dr. Pyburn; *Crotalus*, by Dr. Hayward; *Phosphorus*, by Dr. Burnett; *Iodine*, by Dr. R. Hughes; *Mercurius*, by Dr. Hawkes; *Commum*, by Dr. D. Dyce Brown; *Nuxvomica*, by Dr. Charles Jones, of Albany, U. S. A.; *Actæa* and *Æsculus*, by Dr. H. M. Paine, of Albany; *Pulsatilla*, by Dr. Woodward, of Chicago; *Colocynth*, by Dr. Nichol, of Montreal, Canada; and *Sepia*, by Dr. Gale, of Quebec. *REPERTORY*.—Supplement of chapters i, ii, iii, by Dr. Dudgeon; chapters: *Female Genitals*, by Drs. Drysdale and Stokes; *Male Genitals*, by Dr. A. C. Clifton; *Urinary Organs*, by Dr. Simpson; and *Skin*, by Dr. J. G. Blackley.

As work urgently wanting doing the following may be named: *MATERIA MEDICA*.—*Agaricus*, *Aloe*, *Ammonium carbonicum*, *Antimonium tartaricum*, *Argentum nitricum*, *Arnica montana*, *Berberis*, *Bromium*, *Bryonia*, *Cantharis*, *Chelidonium*, *China*, *Clematis*, *Coccus*, *Colchicum*, *Cuprum*, *Cyclamen*, *Digitalis*, *Gentiana cruciata*, *Graphites*, *Hyosey-*

amus, Ipecacuanha, Juglans, Kali nitricum, Mezereum, Opium, Plumbum, Rhus, Sulphur, Thuja, Tilia, and Zincum. All these are powerful and well-proved medicines, and their present lists of symptoms, arranged on the plan of the Hahnemann *Materia Medica*, would bring them into the place in practice they richly deserve. **REPERTORY.**—Chapters: Chest, Heart, and Lungs, Back, Upper and Lower Extremities, Sleep, and Fever. **THERAPEUTIC PART**—Any of the diseases, or classes of disease, named in the Registrar General's Nosological Tables.

It will be seen that there is a wide range of work, and that every homœopathic practitioner of any ability may find something to do to help on the art by which he lives and by which he wishes to build up a name and fame. We say to all, old and young, English, American, German, and French, and, indeed, to every homœopathic practitioner in the world, to every one who lives by homœopathy or loves our noble science, to all, we say, help us. To each one we say: Will *you* undertake to collect and arrange the symptoms of one of the well-proved drugs? If you will, write to that effect to the Convener of the *Materia Medica* Committee, Dr. Dudgeon, 53 Montagu Square, London. Will *you* undertake one of the remaining chapters of the Repertory? If you will, write to that effect to the Convener of the Repertory Committee, Dr. Drysdale, 36 A Rodney Street, Liverpool. Will *you* undertake to collect and arrange the clinical, non-pathogenetic, indications for the treatment of any particular disease? If you will, write to that effect to the Convener of the Therapeutic Committee, Dr. A. C. Pope, 2 Finsbury Circus, London. The Society is not limited, however, to these three spheres of labor, but is prepared to publish other original or translated work approved of by the Printing and Publishing Committee.

Note to our American Colleagues: To you we earnestly appeal. To you we say: Join us, help us. The Society's work is not British; it is homœopathic, and intended to meet the necessities of homœopathic practitioners all over the world, and its completion will do much towards perfecting our noble art, and rendering it capable of being practiced with accuracy and certainty. The work requires *your* help. America has many young, energetic, enthusiastic, and capable practitioners and students well suited to the work, and the work offers choice to all. Send your name and subscription, about \$5.75, to the Secretary, and mention the work you will undertake.

Signed, on behalf of the Society,

RICHARD HUGHES, L.R.C.P.,

President.

HERBERT NANKIVELL, M.D.,

Vice-President.

JOHN W. HAYWARD, M.D.,

Treasurer and Secretary.

CORRIGENDUM.

DR. JOHN C. KING, of Allegheny City, Pa., writes as follows, regarding the notice of the provings of *Natrum ars.*, contained in the August number of this journal:

DEAR DOCTOR: The proving of *Natrum Ars.* was made exclusively by the Allegheny County *Materia Medica Club*, and by them presented to the Pennsylvania State Society at its last meeting. Dr. J. F. Cooper, an honorary member of the Club, has expended much time and labor in directing the proving and preparing the day-books for publication; and

to him, more than to any of the provers, belongs the honor of presenting the proving to the profession in a useful form. Still, the Club desires to retain the authorship of the proving, and not to share it indiscriminately with the "Pittsburg and Allegheny physicians and their students," especially as the Club is composed entirely of the younger members of the profession.

DR. J. P. DAKE, of Nashville, Tenn., in relation to the proving of *Picric acid*, referred to in his paper published in the June number of the journal, and Professor Jones's correction of a misstatement therein made, writes as follows:

MR. EDITOR: In your July issue, attention is called by Professor Jones to an error, into which I was somehow led, in regard to a proving of *Picric acid*. I was under the impression that the Professor had been superintending a very thorough proving of that acid upon students of the University of Michigan. I came by that impression in letters received from Dr. Dunham, or the Professor himself, in which mention was made of the essay on some special effects of *Picric acid*, to be presented at the World's Homœopathic Convention by Professor Jones. I knew of the proving reported by Dr. Couch, and had no reference to it in what I said at the close of my article in your June issue. I was simply "counting chickens before they were hatched," having the utmost confidence in the work done by such earnest, methodical men as Dunham and Jones.

DR. WILLIAM JEFFERSON GUERNSEY, of Frankford, Philadelphia, writes as follows:

DEAR SIR: Apprehensive lest a paragraph of my article on *Domestic Medicine*, which appeared in the August number of your journal, should be misconstrued, I hasten to present the following explanation:

In advising the use of the *low* attenuations in family medicine chests, I indorsed their use there alone, as by frequent repetition from unskilful hands there would be less danger of aggravations than from the higher and more potent attenuations, which I employ solely in my practice, but would in no instance advise my patients to use at their option.

DR. T. F. ALLEN, of New York, editor of the *Encyclopedia of Materia Medica*, writes as follows, regarding the *ERIODICTYON GLUTINOSUM*:

In naming the above plant we followed the Mexican Boundary Survey, but the new *Botany of California* (just published) corrects both the spelling and specific name. It must now read as above.

DR. J. H. MARSDEN, of York Sulphur Springs, Pennsylvania, writes as follows, regarding an error which occurred in his paper published in the August number of this journal:

DEAR SIR: May I ask the correction of a typographical error which occurs in an article of mine published in the August number of your journal. On page 6, line from the top 34th, the word "assistance" is substituted for "*resistance*" in the MS. This wholly fails to convey the idea intended, which is this: The chin detained toward the side of the pelvis does not turn forward because it cannot descend low enough to meet the *resistance* from the mother's structures necessary to effect that object. I advise that artificial "*resistance*" be furnished for this purpose, by introducing the fingers or a blade of the forceps, against which, when the chin impinges, by the force of the womb, moving in the "direction of least resistance," it turns forward toward the symphysis pubis.

IGNATIA IN DIPHTHERIA.

BY HENRY M. GUERNSEY, M.D.

(Read before the Homœopathic Medical Society of Pennsylvania, Sept. 27th, 1876.)

PHYSICIANS who have never used *Ignatia* in diphtheria, or in diseases in which throat symptoms are prominent, know little of the extent of its usefulness, even in very bad or the worst cases.

When we see the patient, as we often do at the first visit, with the manifestations of throat trouble on *the* right side, we at first naturally think of *Lycopodium* as the indicated remedy. The exudation is on the right side and has commenced there, although the left side may also be to a greater or less extent invaded, and the right side of the neck is considerably swollen. Thus far the indications are similar to those for *Lycopodium*, and the fever may be as high as for that remedy, with a pulse of about 140, but the delirium which indicates the *Ignatia* is markedly different. The delirium occurs at night; is characterized by a condition of fearfulness, the patient crying for help, wishing to be protected from some imaginary danger or evil, and struggling to get free. The soreness in the throat is felt most acutely between the acts of deglutition, and is a sort of prickling sensation. Frequently the child whines, and complains almost constantly, saying, "My throat hurts; my throat hurts!" There are frequently, as accompanying symptoms, pains in the occiput, in the back of the neck, and sometimes in the ears. Stitches sometimes occur, extending from the throat to the ears; the glands of the neck are frequently very much swollen; the child craves ice and ice-water, but is usually unable to take food; the lips are often complained of as being sore and painful, particularly the inner surface; there is frequently much sneezing and coryza; the odor from the throat is very offensive, to the extent of rendering the atmosphere of the sick-room unbearable, if no deodorizer be used. [According to my experience, the best and most harmless deodorizer or disinfectant that can be used under the above or similar circumstances is charcoal. I have several pans or baskets full of freshly-broken charcoal—broken into pieces about the size of a goose-egg—set about in several places in the sick-room, and the effect is really surprising. The unpleasant odor is removed, and there is no equally disagreeable smell substituted as when carbolic acid is used.]

In cases such as I have just described, Ignatia 200th or 1000th, will effect a cure in a reasonably short period. It may be given in water, at intervals of three or four hours between the doses, and, when three or four doses have been administered, it is best to wait and watch the effect for twenty-four or forty-eight hours. Sometimes, though rarely, a repetition of the medicine will be necessary.

To recapitulate briefly, Ignatia is indicated *when the delirium is characterized by a fearfulness or dread; when the soreness of the throat is greatest between the acts of deglutition; and when there are pains in the back of the head, nuchæ, and sometimes in the ears, and generally in such cases no other remedy is required.*

MEDICAL AND SURGICAL GLEANINGS.

CURE FOR CORNS.—A correspondent of the *Scientific American* writes as follows, to one who asks for a remedy for corns: Bind raw cotton on your corn at night before going to bed, and then saturate the cotton with spirits turpentine. It will remove the most obstinate corn, either hard or soft, in four or five applications. The skin will be apt to peel off the toe, but this is rather an advantage, as it helps to remove the corn.

EXTRACTING FOREIGN BODIES FROM THE NASAL CAVITY.
—“Apply a handkerchief between the face and that of the patient; press the free nostril firmly with the finger or thumb. Apply the mouth over the patient’s mouth, and make a sudden and forcible expiration. The use of the handkerchief will be apparent from the amount of nasal mucus on it, which otherwise would have been on the face.

“In a practice of more than thirty years I have found this mode satisfactory, if the foreign body fills the nostril, but if a coin or other irregular-shaped substance, it will fail, yet such are readily seized with the forceps.

“I am indebted to the eminent Dr. Twitchell, of Keene, N. H., for the suggestion, who induced a ruffle-shirted dandy to perform the operation for him once *without the handkerchief.*

The shirt had to go to the laundry, and the Doctor—out of the house.”

EFFECTS OF JABORANDI ON THE EYE.—J. Tweedy finds that the application of the extract of Jaborandi to the conjunctiva produces narrowing of the pupil, defects of accommodation, and depression of visual powers, the last being apparently due to a diminution of the sensibility of the retina. None of these symptoms are of long duration; the defective accommodation begins in a quarter of an hour, reaches its maximum in forty minutes, and vanishes within an hour and a half.—*Lancet*.

FOOD FOR LEAN WOMEN.—If any one wishes to grow fleshy, a pint of milk taken before retiring at night, will cover the scrawniest bones. Although nowadays we see a great many fleshy females, yet there are many lean and lank ones who sigh for the fashionable measure of plumpness, and who would be vastly improved in health and appearance could their figure be rounded with good solid flesh. Nothing is more coveted by thin women than a full figure, and nothing else will so arouse the ire and provoke the scandal of one of the “clipper builds” as the consciousness of plumpness in a rival. In cases of fever and summer complaint, milk is now given with excellent results. The idea that milk is feverish has exploded, and it is now the physician’s great reliance in bringing through typhoid patients, or those in too low a state to be nourished by solid food. It is a great mistake to scrimp the milk-pitcher.

A SIMPLE MEANS OF ARRESTING OBSTINATE EPISTAXIS, REBELLIOUS TO ALL TREATMENT.—An abundant epistaxis resisted all the means usually resorted to for arresting such hæmorrhages—mustard foot-baths, cold, ice to the nucha, plugging of the nasal orifices, elevation of the arms, injection of the perchloride of iron, as practiced by my friend M. Crequy, etc. If the patient be not already enfeebled, fainting spells will soon come on if the hæmorrhage continue. What is to be done? A simple means has frequently succeeded in my hands. A light emetic, quickly administered, soon provokes nausea, then vomiting, and the hæmorrhage is incontinently arrested. This plan of treatment has proved very successful this summer during the great heats.—*Trib. Medical*.

INTERNAL USE OF SALICYLIC ACID, PARTICULARLY IN ACUTE ARTICULAR RHEUMATISM.—Dr. L. Riess (*Berlin. Klin. Woch.*), after trying salicylic acid in twenty-seven cases of acute articular rheumatism, concludes that this remedy is a decided antipyretic, causing improvement in the joint trouble by lowering the temperature, and, on the whole, decidedly shortening the course of the disease. The occasional unfortunate results which have followed the internal use of salicylic acid have led Dr. Riess to make use of the salicylate of soda, which, he says, experiment has shown to be as efficient as the acid itself. He uses this remedy in doses of $1\frac{1}{2}$ drachms, and preferably according to the following formula:

R. Sodii salicyl.,	$1\frac{1}{2}$ drachms.	
Aq. destillat.,	5	"
Syr. sarsp. comp.,	$1\frac{1}{8}$	" M.

This mixture is well borne, and is rarely followed by vomiting. The salt may be made extemporaneously from the acid by a good apothecary.

WHEN TO TIE THE CORD.—Dr. Budin, of Paris, made two series of experiments on this question, each comprising a number of observations. In one he did not cut the cord until pulsation had ceased, and in the other the section was made immediately after birth. In both the blood escaping from the placental end of the cord was collected, and it was found that whilst in the first series it amounted to twelve cubic centimetres, in the second it was no less than one hundred cubic centimetres. Dr. Budin concludes, therefore, that it is best to wait until pulsation has ceased in the cord before it is ligatured and cut, because if the section be made sooner the fœtus is deprived of eighty-eight cubic centimetres of blood. Dr. Budin moreover states that the fœto-placental circulation is a completely closed one, and, therefore, in the normal condition of things no blood escapes from the placental tissues externally.

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DEMENTIA PARALYTICA. A PATHOLOGICAL AND THERAPEUTICAL STUDY.

BY S. LILIENTHAL, M.D., OF NEW YORK.

(Read before the Pennsylvania State Homœopathic Medical Society, Sept. 27th, 1876.)

THE disease known as "progressive paralysis of the insane" has been more or less studied by alienists for the last twenty or thirty years, and among the laity it is better known as softening of the brain. Both the public and most physicians consider such cases incurable because they see their patients in the last stages of the disease, when its downward course is clearly perceptible, and nothing then can prevent the fatal issue. Most persons recognize such a patient only when he has made a laughing-stock of himself by his hyperbolic greatness, by the ruin which he perhaps has brought on himself and family, by the foolishness with which he threw himself into speculation and squandered his property away, and they recollect how he went from bad to worse, till paralysis gradually increased upon him, and finally he became only a wreck of his former self.

It is therefore of the utmost importance to study the prodromal stage of such a disease, and to prevent its growth, as we cannot expect to cure it when once fully developed.

Sander, of Berlin, in a lecture delivered before the Hufeland Society (*Berlin Klin. Wochenschrift*, No. 21, 1876), remarks, that frequently many years before the disease becomes developed the patient complains of *rheumatoid pains*, tearing, boring, shooting, etc., changing from one extremity to another, especially in the lower ones. They are characterized by their

sudden appearance and disappearance, show themselves mostly at night, and then the extremities are found in strong fibrillary motion. It will be most frequently observed in those cases of paralytic dementia which are combined with gray degeneration of the posterior columns of the cord; but they may be also observed without it. Such patients also complain years before of *headache*, from a mere dull pressure to the most excruciating pains; sometimes in paroxysms, in other cases continuous; sometimes caused or increased by pressure of the skull, with a sensation as if a band were stretched tightly around the forehead. But the seat of the pain is not always the forehead; it may be the vertex or occiput. In some cases this headache appears as a perfect hemicrania; at intervals of three or four weeks the patient complains of a unilateral pain, gradually increasing to its greatest intensity and then equally gradually decreasing, nausea and vomiting, great hyperæsthesia of the organs of sight and hearing, followed by exhaustion and sleep, the whole paroxysm running its course in twelve to thirty-six hours, with perfect ease during the intervals—in short, all the usual symptoms of hemicrania are present. It is well known that hemicrania is a frequent hereditary complaint, and mostly appears at an early age and during puberty; but in cases where there is no neuropathic disposition, and where no hereditary influence can be shown, and where the migraine sets in after a time when the brain is fully developed, say in a patient of about thirty years, then it behooves us to be careful with our prognosis and to watch assiduously the health of our patient. We may even enjoy the fleeting satisfaction of having cured the headache, as it passes off by itself in the course of time; but the danger steadily increases, mental hebetude becomes more and more developed, and the period of irritability may at any time make its appearance.

Another interesting manifestation sometimes preceding paralytic dementia, is *blindness of colors*. Its rarity is easily explained, since we do not always meet cases with amaurosis and atrophy of the optic nerve. The visual power must not be lost too rapidly, so that at a time when the patient is still himself, he can judge of the loss of an ability to distinguish one color from another. This ocular symptom precedes, sometimes for a great while, every psychical manifestation, and such a patient may enter at last the asylum after having been treated for some time in ophthalmic hospitals or dispensaries. Other patients may only complain of diplopia or of squinting, and

again a high degree of myosis may precede the acute psychical disturbance, and is of evil omen.

The *first motory disturbances* usually noticed in our patients are rather of a convulsive nature. Alienists know very well the prognostic value of these convulsive motions around the mouth and lips, these constant twitchings as of chewing and tasting. We must also take full notice of any change in the mobility of the extremities and in the speech or voice of the patient; for we do not deal in these cases with genuine paralysis, but rather with a gradual loss of the psychical factor which certainly plays an essential part in all our combined movements. If any one remembers how he acquired the art of writing, he knows that it is at first mental work to bring every muscle in its right position, and that the more we became used to it, the more all attention to it ceased, as the whole process remained deeply implanted in the memory. But in paralytic dementia a retrogression takes place, and this element, which gradually developed itself, now gradually becomes lost. The attentive physician or friend readily notices that the patient is not able to perform any longer, as formerly, those finer motions, except when he puts his whole attention to it. With the gradual increase of these disturbances our diagnosis also becomes more and more clear; but it must be our aim to diagnose the disease at an early stage, and here any change in the speech or voice of the patient, the irregularities in his mode of writing, the injudicious manner with which he accomplishes motory processes to which he was used all his life, as the workman in his respective trade, each and all may be observed at a time when the psychical symptoms are still held in the background as it were, and do not show themselves as of that importance which they assume at a later period.

Epileptoid paroxysms also belong to the prodromal stage; a regular petit mal. The patient loses momentarily all consciousness; a sudden weakness of an extremity or of a side, a momentary loss of speech or inability to move the tongue, a kind of fainting and falling down, with pale features. Such or similar manifestations repeat themselves several times during the year, and gradually the weakness of mind makes itself felt. Convulsions may be a symptom of every fit, or palsies may even remain for a little while, but usually all paralytic phenomena belong to a later stage.

In relation to *mental symptoms* we have again sleeplessness

as one of the first symptoms, and it appears often simultaneously with the harrowing headaches. The patient, still in his usual temper and without any mental disturbance, finds it impossible to compose himself to sleep, and even during sleep he wakes up frequently and unrefreshed and finds it hard to fall asleep again. No wonder that such patients become irritable at this early stage of the disease and sensitive to all sensory impressions. They cannot bear the noise or prattle of their own children; they hate to go into the street on account of the noise, and sometimes they show a kind of idiosyncrasy for certain voices. In other cases they only complain of their excessive lassitude, and they feel as if they could hardly accomplish even a usual task.

Rokitansky (*Path. Anat.*, 3d edition, 2d vol., p. 463) considers the cause of paralytic dementia a hyperæmia, an inflammatory state, producing a proliferation of the connective tissue, which inhibits the function of the nerve-centres and finally leads to disorganizations. This massive increase of the connective-tissue substance prevails in the gray cortex, and gradually changes from a tough gluey fluid to a fibrillar stiff mass, and such a proliferation can, in many cases, be followed from the gray substance into the medullary, and even into the medulla oblongata and spinalis, and it may take its start from most diverse parts of the nerve-centres. The adhesions of the dura mater, the thickening and the dulness of the arachnoidea and pia, and the increased formation of pachionic granulations, seem to be caused by repeated hæmorrhages, hæmorrhages into the arachnoideal sac, the serous discharges into it, and in the subarachnoideal space, the oedema of the pia and of the brain, by hyperæmia *ex vacuo* in consequence of atrophy of the brain.

Calmeil calls this disease *periencephalitis diffusa chronica*, and Tigges (*Psych. Zeitschr.*, xx, 4) considers this morbid process an expression of active nutritive disturbance of the central nervous system, having its seat in the nervous and connective-tissue elements of the gray cerebral substance, extending to all formations connected with it, especially to the periphery of the hemispheres. Westphal coincides with this opinion, and considers progressive paralysis of the insane, in so far as it relates to the brain, a chronic, sometimes a more subacute interstitial periencephalitis, leading in time to the destruction of the cells of the ganglia and to atrophy of the brain.

Hitzig (Ziemssen's *Encyclopedia*, xi, 1, 797) treats dementia paralytica as an atrophy of the brain, and considers the prodromal manifestations of the utmost importance, especially as they often precede for years the eruption of the disease. With *paroxysms of vertigo and headache*, of more or less intensity and with morning exacerbations, an unusual *irritability of temper* sets in, which formerly could not be observed. At an early date we meet *loss of memory* for things which happened only recently, whereas the patient remembers well the events of long ago; *absentmindedness, trembling of the facial muscles*, especially those around the mouth, either spontaneously or during movements of other facial muscles; *change of speech*, the tongue is moved with less energy and surety, especially the labial and hissing sounds are produced with difficulty; the tongue suffers from fibrillary twitching, so that he speaks as if slightly intoxicated. Even the voice becomes altered, so that a former tenor will speak in a lower key. *A difference in the reactive power and size of the pupils* is an early symptom observed in nearly half the cases. The alteration of the psychical action is characteristic of the disease; there is the absurd *mania de grandeur*, with constant forgetfulness; but this belongs to that stage when the disease has already entered on its downward course.

Krafft Ebing (*Psychopathology*, p. 139) remarks that the prodromal period of dementia paralytica may last for several years; *the manners of the patient change only gradually*, and especially so in their moral aspect. Such patients are apt to neglect their business, become slovenly, visit gin-mills and houses of prostitution; dipsomania and kleptomania (both from loss of memory, that forgetfulness by which they neither know what they have just done nor recollect what is their own) are frequently observed; and thus by their irritability and forgetfulness they become involved in quarrels, till finally the law too frequently takes hold of such cases.

Let us enumerate again the prodromal symptoms of this terrible disease, and let us see whether we cannot by our rich armamentarium prevent what we cannot cure when at last it is fully developed.

Sander gives us:

1. Rheumatoid pains, especially in lower extremities, changing location, appearing and disappearing suddenly, mostly at night.

2. Headache in paroxysms, with the sensation as if a band were stretched around the head; hemicrania.

3. Color blindness.

4. Convulsive twitchings of mouth and tongue, changing speech and sound.

5. Epileptoid paroxysms.

6. Sleeplessness, or broken, unrefreshing sleep.

7. Hyperæsthesia of sense of sight and hearing.

8. Excessive lassitude.

Hitzig:

1. Paroxysms of vertigo and headache, especially mornings.

2. Irritability of temper.

3. Loss of memory, especially for recent transactions, with good recollection of events long past.

4. Absentmindedness.

5. Trembling and twitching of the facial muscles and of the tongue.

6. Slow reaction of the dilated pupils.

7. *Mania de grandeur*.

8. Dipsomania and kleptomania.

We may consider Sander's symptoms as those of the prodromal stage, which may be observed many months before the disease enters the first stage, the symptoms given by Hitzig.

For the remedies which hold out some hope, let us study that classical work, Hering's *Analytical Therapeutics*, where we read (l. c., pp. 114 and 115) for *headache with ill-humor*, and especially in the forenoon: Amm. carb., Platina, Kreasot., Petroleum, Stannum (gradual increase and gradual decrease), Phosph., Calc. phosph.; for *headache with diminished intellectual power*, Phosph., Nux mosch., Sarsap.; for *forgetfulness*, Amm. carb., Caps., Caust., Mez., Moschus, Viola odora.; *sensation in forehead as if the skin were too tight, with anxiousness*, Phosph.; *sensitive to light, fretful, discontented, complaining*, Arsen.; *oversensitiveness of hearing*, Carb. veg.; *noise unbearable, with anxiety*, Aurum, Caps., Caust., Petrol., Puls.; *fear, with noise in the street*, Caust.; *cannot move the tongue right, with anxiety*, Caust.; *difficult speech*, Caust.; *absent, loses the train of ideas*, Ammon. carb. (p. 247); *convulsions with or without consciousness*, Kali carb., Lyc., Nux v., Plat., Plumb.; *irritable, discontented*, Nux v.; *idiotic condition before the attacks*, Caust.; *bodily and mental infirmity*, Natr. carb.; *lassitude in the limbs, with indisposition to work*, Ammon. carb.; *mental and physical prostration in the morning*, Lach., Phosph.;

lassitude with irritability, Ambra, Calc. carb., Carb. veg., Caust.; *bodily weakness, with its increase memory declines*, Nitr. acid; *mental dulness with prostration*, Alum., Anacard., Aur., Digit.; *nervous affection with mental listlessness*, Nux mos.; *no ambition, tires soon*, Nux v.; *indisposed to work or walk*, Zincum; *heaviness of mind and body*, Phosph., Phosph. acid; *sleep disturbed by restless dreams*, Ars.; *sleeplessness before midnight*, Ars., Kali carb., Puls., Veratr.; *weak memory*, Carb. veg.; *periodical mania*, Arg. nitr.

Symptoms of mania de grandeur we find under Cuprum, Platina, Lycopod., Lach., Stram., Veratr.

Symptoms of extravagance under Ammon., Bell., Caust., Chinin., Iod., Petrol., Phosph. ac., Plat., Stram., Sulph. Veratr.

Obtuseness of intellect with obscuration of eyes, Carb. veg.

Weak memory, for correct writing, Lach.; for what has happened, Graph., Nat. mur., Sulph.; for words, Baryt., Lye.; on awaking, Stannum; with debility, Nitr. acid; with headache, Kal., Mosch.

Sensitiveness of the ears to noise, with anxiety, Caps.; with ill-humor, Bell., Phosph.

Distortion of the mouth, Bell., Graph., Lach., Lye., Nux v., Op., Phosph. acid, Sec., Stram.

Dilatation of pupils, Bell., Calc., Croc., Hyosc., Nux v., Op.

Difficult speech, Bell., Caust., Lach., Nux v., Op., Sulph., Stram., Veratr.

Kleptomania, Sulph., Puls., Ars., Bry., Kali, Lye., Nux v., Sep.

Doxomania, conceited mania, Platina, Cupr., Hyosc., Lach., Lye., Stram., Veratr. (2.) Alum., Arn., China, Con., Ferr., Ipec., Paris., Phosph., Sec.

Epileptic fits as a complication, Ars., Bell, Calc., Cupr., Hyosc., Ign., Lach., Merc., Op., Nux v., Plumb., Puls., Sulph.

Considering the symptoms and their corresponding remedies here enumerated, *Causticum* strikes us as taking nearly the first place in the treatment of progressive paralysis of the insane. In the disease, as well as in the remedy, we find from the start great melancholy, looking on the dark side of everything, facial neuralgia and facial paralysis, weakness of voice, and other paralytic affections. Hahnemann (*Chronic Diseases*, iii, 78) gives us the hypochondriac depression of spirits, peevishness, dull, gloomy, pressure on the brain making the head feel obtuse, vertigo, incipient amaurosis, roaring and

buzzing in the ears, rheumatic and arthritic affections of all kinds, tremulous weakness, epileptic convulsions, prosopalgia, paralytic affections, especially of one side. Allen (*Encyclopaedia*, iii) gives us the whole complex of symptoms; the tearing, lancinating pains of the extremities, muscular twitchings, and excessive weariness in both limbs, especially in the morning in bed; attacks of spasms, in the morning in bed, sometimes with consciousness, at other times with unconsciousness; peevish, irritable mood, fretfulness, indolence, slow succession of thoughts, absence of mind with loss of ideas, weakness of memory (but no insane delusions are found under Causticum); vertigo forward and sideways at night in bed; vertigo, almost like a loss of consciousness, while sitting he nearly fell; constrictive pressure in the forehead; tensive headache arising from the nape of the neck; indistinct vision, it seems as though a thick cloud hovered before the eyes; spasmodic sensation in the lips, etc., etc.

Ammonium carb. seems to be another remedy deserving our consideration in the prodromal stage of this fearful disease, although the symptoms are here less clearly expressive than in the former remedy. Allen (l. c., i) gives us: Gloomy and uneasy mood, aggravated by cloudy weather; low spirits, with considerable excitement; very forgetful, and headache when reflecting; absence of mind, with anxiety; speaks and writes incorrectly; weight and confusion of the head; vertigo, as from intoxication; great lassitude, and disinclination to all work; most severe muscular contractions, spasms; violent rheumatic drawing pains through all the limbs, hands, feet, nape of the neck, head, etc.

Lachesis can only be of service in the prodromal stage of the disease, before sclerosis of the connective tissue and atrophy of the nerve-fibres take place. There are certainly very few remedies which gradually undermine the functions of the nervous system so unmercifully as the snake-poisons; hence we also find them indicated from the stubborn and still only transient migraine at the beginning down to the breaking down of all vital power, as we witness in decubitus and gangrene. How characteristic, also, is the great prostration, as manifested by loss of muscular power, slowness and softness of pulse, stupid delirium, etc. (C. D., *Hom. Rev.*, iv, 114), which we meet in this class of animal poisons; and the late Prof. Frost (*Hom. Rev.*, v, 490) truly remarks that no other remedy, save perhaps Arsenicum, can be compared in its far-

reaching influence upon the deepest and most interior recesses of the human organism with Lachesis. It not only reaches the disease in the very penetralia of the system, but follows its course and completely removes it, even after it has produced such structural changes as, in themselves, threaten to become destructive. Jahr (*Symptom. Codex*, ii, 19) recommends Lachesis for persons with a melancholic or choleric temperament, with a phlegmatic spongy constitution; with dark eyes and disposition to lowness of spirits and indolence; for acute and chronic rheumatism, recurring every year; for emaciation and exhaustion; for hemiplegia; for convulsions and epilepsy. Among its symptoms we read: Indolent, taciturn, brooding and melancholic; he considers himself too feeble to do anything, with aggravation of the symptoms every other day; great absence of mind; great weakness of memory, he forgets entirely what he had been hearing a moment before; frequent mistakes in writing; vertigo, with staggering to the left side, early in the morning after rising; deep stinging through the whole head; deepseated headache; sensitiveness of the eyes to light; dim and weak eyes; very sensitive to noise; prosopalgia; distortion of mouth and lips; difficulty of speech, as if the tongue were too heavy; rheumatic pains extending from the back to the limbs; difficulty of falling asleep for weeks; no sleep in spite of great lassitude; constant exhausting sleeplessness; aggravation of all complaints after sleeping; painful wandering of the pains from one part to another; awkward, stumbling gait; hemiplegia; typical recurrence of the aggravations.

Nux vomica.—As this remedy, according to Hughes, has no influence on the cerebrum proper, it may be questionable whether it can have any influence on any organic cerebral disease; still clinical facts prove that *Nux vomica* exactly suits such cases which owe their origin to sexual excesses and immoderate intellectual exertion, and also to persons of middle age, especially when they have changed their former busy life for a quiet one. The old school also claims to have derived many a benefit from hypodermic injections of minimal doses of Strychnine in this disease; and wherever the prodromal and even the first stage last a good while, *Nux* may be the simile to the existing stage of the disease. Among its symptoms we find: Periodical affections of the nervous system; tearing, drawing-tensive rheumatic pains, with weakness and feeling of numbness in the affected parts; hyperæsthesia of the nerves

of the senses; tonic spasms and convulsions; emotional epilepsy; central softening of the spinal cord (here also the gray matter); paralysis of the upper and lower extremities; periodical headache, gradually increasing, and after reaching its acme, gradually decreasing; dulness of mental powers; obscuration of sight; paralysis of the tongue, with difficult and indistinct speech, in consequence of cerebral apoplexy. The irritable temper of Nux is well known, and even for the second stage of the disease we find corresponding symptoms, as awkwardness, he easily stumbles against something; makes mistakes in speaking and writing (certainly cerebral functions); compression of the head as from nightly revelling; chronic vertigo, with obscuration of sight and buzzing in the ears; twitching of the facial muscles; distortion of the mouth to one side, etc.

Phosphorus is the grand remedy for a weak, exhausted brain. Here we have to deal with a disease whose whole tendency is to degeneration of the nerve-mass, to atrophy of the brain, and we might with certainty expect some benefit from a remedy which causes fatty degeneration throughout the body. In the new school, as well as recently in the old school, it occupies a prominent place as an anti-neuralgic remedy, and phosphoric paralysis found its exponent in the French school (Hughes, l. c., 607), which found it truly homœopathic when dependent on lowered vitality, or even on softening of the centres. Hempel says that *Phosphorus* seems to be in relation with the element or principle of the brain which regulates the renovation of the nervous tissue. If the reproduction or supply of nervous tissue is deficient or abnormally altered by some cause or other, *Phosphorus* is, under certain circumstances, the great power which enables us to repair the damage. We read in the *Symptomen Codex*, ii, 477, that, according to Noack and Trinks, *Phosphor.* is indispensable in acute affections in the course of which the cerebro-spinal system of nerves becomes very much depressed and finally threatened with paralysis; also in chronic diseases characterized by great debility and an impoverished vitality; and that it has been employed with success in morbid conditions characterized by nervous irritation, rheumatism, disposition to paralysis, etc. Among its symptoms we find: Great lowness of spirits; great irritability; forgetful and dizzy; vertigo; dull stupefying headache; constrictive headache every other day; frequent attacks of sudden blindness in the daytime, and sensation as

if a gray cover were hanging over the eyes; constant buzzing in the ears; pale, sickly complexion; great weariness in the extremities; sleeplessness and restlessness; heaviness of mind and body, etc.

Aurum.—The suicidal melancholy of *Aurum* seems to mark a contraindication for this remedy in any stage of this disease, certainly during the expansive delusions. During the consequent stage of apathy and palsy it can hardly be indicated; still it was prescribed by close observers on account of the venous hyperæmia in the brain. We find here hypochondriasis, but not melancholia so much; the epilepsy rests upon a very material basis; the exhaustion is a natural consequence of premature senility, hence the disgust of life, and we mention it only as having many symptoms in common with the prodromal stage, but the causes being so often different, it will be only in rare cases of real benefit. It may alleviate but will not stay the ravages of this disease.

Cuprum.—What *Zincum* is for later stages *Cuprum* might be for the prodroma. Hughes (l. c., 334) remarks that almost every form of cerebral disorder has been induced by the poisonous action of copper, while at the same time autopsies (was the microscope faithfully used?) showed no sign of organic mischief. According to Schmid of Vienna, all the cerebral disorders cured by *Cuprum* are of the reflex order, which would limit the applicability of *Cuprum* in *dementia paralytica* to very rare cases; still, Rademacher's indication, when there is premature exhaustion of strength in illness, may point towards its use in patients of neurotic temperament, especially where heredity can be shown.

Plumbum induces a kind of degeneration of all the tissues; the nervous centres are found indurated or softened, and headache, amaurosis, neuralgia, palsy, anæsthesia, epilepsy occur during life. The muscular tissue throughout the body is wasted and contracted; there is complete decay of the bodily and mental powers, with profound melancholia (Hughes, l. c., 641); and further on the same author remarks that the epilepsy of *Plumbum* implies the existence of some amount of degeneration of the nervous centres, thus rendering *Plumbum* as truly homœopathic to chronic as Hydrocyanic acid is to recent epilepsy. Thus we might think that a perfect picture of *dementia paralytica* lies here spread out before us, but in opposition to it we must mention that in lead its first effects are felt by the organs which derive their nerves from the splanchnic

nic system of nerves, after these the sentient and motor nerves are affected, and finally the brain and the cerebral nerves. Superficially considered, the symptoms of progressive palsy of the insane appear to run a similar course, but the difference lies in the starting-point of the disease, which, according to all authorities, is always cerebral, and thus it will hardly be of benefit in the prodromal stage.

Silicea.—Carroll Dunham, in his usual masterly manner (*N. A. J. of H.*, xx, 361), thus describes the action of *Silicea* on the nervous system: "With evidence of exhaustion, furnished by sensation of weakness, paralysis, etc., there is an exalted condition of susceptibility to nervous stimuli; the special senses are morbidly keen, the brain cannot bear even moderate concussion, and the whole surface is unnaturally tender and sensitive; cold aggravates and warmth relieves. *There is an erethism, conjoined with exhaustion*, which is not evanescent, but endures for some time." Certainly such a remedy promises much in the prodromal stage of our disease, and carefully studied and applied in the right case may fulfil this promise and lead to a cure.

The same may be said perhaps of some other remedies. Our aim is not to wade through our whole immense *Materia Medica*, but rather to give only hints which may aid the student in the selection of a suitable remedy. "A stitch in time saves nine," is an old and true proverb, and nowhere more true than in just such diseases which run their downward course *cito et tuto*, if not restrained by the hand of the conscientious physician.

A PROVING OF NATRUM PHOSPHORICUM.

(Read before the Homœopathic Medical Society of Pennsylvania.)

Synonyms.

PHOSPHATE OF SODA, Sodii phosphas, Sal mirabile perlatum, Alkali phos., tasteless purging salt, etc.

The Phosphate of soda exists in minute proportions in all solids and fluids of the body. Like all the alkaline phosphates, its quantity is greater in flesh-eating animals.

Its function in the blood is not conclusively known; but it has been recently demonstrated that it conveys carbonic acid from tissues to lungs. If this is so, it must have a nutritive value, and is well worthy of a therapeutical study. Schüss-

ler, so impulsive in therapeutics, is an excellent student of physiology. According to him, it plays an important part in the lymphatic system; hence in the blood genesis.

In 1800, Dr. Pearson introduced this salt into allopathy. He considered it a mild purgative, suitable to children and persons of a delicate stomach. It has sometimes been given medicinally by substituting it for common salt.

Dr. William Stephenson (*Edinburgh Medical Journal*, 1867, vol. xiii, p. 336) recommends it for "infants who are being artificially reared, and who are liable to frequent derangement of the bowels . . . where, from the character of the motions, there is a deficient or defective secretion of bile, . . . chalky stools, or white, fluid motions, and in many cases of green stools," etc.

In our school, several partial provings were made years ago by Dr. Hering. In 1873, Schüssler mentioned it as a tissue remedy. Von Grauvogl lays more stress on the muriate and sulphate of soda, preferring the phosphate of potash in the saponifications of fats, change of gases, etc., as the most active. But potash salts exist more in the blood-cells, muscles, etc.; soda, in the liquor sanguinis. Potash salts, when proved, show an aggravation when awakening, that is, when we begin to use oxygen, which was stored up during sleep; soda salts are worse during sleep, while oxygen is accumulating (C. Hg.). Hence, even though as alkalies they have many similarities, we shall find sharp differences, depending upon variations in function. Potash must be present to insure an amount of oxygen calculated to keep muscles in their full power of contraction; soda must be present to carry away carbonic acid, a resultant of oxidation.

The following résumé is collected from nineteen provings made by twelve provers; nine males, three females. The potencies range from the 6th to the 100,000th. No prover knew the name of the medicine, nor did any two have opportunities of conversing or comparing notes. In no case was a single dose given, but at least twenty were taken. The first proving was made in 1869, the last in August, 1875.

I am well aware that prejudice will lead some to refuse these provings because they were made principally with the high potencies. This, however, will in no wise alter their truth or falsity. If four or more persons, in different seasons of the year and in different latitudes, experience the same effects from any given potency, we have an indisputable right

to claim these effects as resulting from the medicine taken. If only one prover develops a certain symptom, or set of symptoms, these may be fallacies or they may be true. Who shall decide from preformed opinion: the advocate of the high or of the low potencies? Neither. There is no court of appeal for the homœopathician but that which Hahnemann was the first to establish, viz., experiment. So with the symptoms here offered for trial. If they fail when tried, let them go. If they do not fail, let us use them, however our prejudices may question their origin.

Great care has been exercised in preparing the accompanying résumé. Symptoms which had been previously experienced by the provers have generally been omitted. Something may thus have been lost, especially as illustrating the reawakening of latent disease; but much has been gained in precision and certainty. For the same reasons obscure or indefinite symptoms have been reserved until more clearly expressed.

Provers.

Each symptom has the initial of the prover and the potency used. Mrs. P.; Miss F.; A., a doctress; Dr. V.; Dr. H.; Dr. K.; Dr. D.; Dr. S.; Dr. Hn.; Mr. H.; Mr. M.; Mr. J.

E. A. FARRINGTON.

NATRUM PHOSPHORICUM.

Mind.

- Melancholy, especially after emissions. J., 10^m.
 Depression; too apt to dwell on annoyances. J., 50^m.
 Frequent attacks of gloominess, evening. Dr. D., ^{cm}.
 Apprehensive of some approaching evil. J., 50^m.
 5. Worries about his health; about the future. Dr. D., 10^m.
 Vexed at trifles; disposed to be irritable. M., 50^m.
 Ill-humor, mostly forenoons; no ambition to do anything; inclined to study in the evening. Dr. D., 10^m, ^{cm}.
 Imagines he hears footsteps in the next room. M., 50^m.
 Study makes him so nervous he must get up and walk about. M., 50^m.
 10. Study is burdensome, it is so difficult to remember what is read. Dr. D., ^{cm}.

Easily startled by the least noise, especially at night, causing palpitation. See Sleep. Dr. D., ^{cm}.

Sensorium.

On rising in the morning, dizzy, as if he would fall; objects turn around; gone feeling in the stomach; nervous. Dr. S., ^{cm}.

Internal Head.

Tensive headache, with dulness and heaviness, accompanied by dim sight, as from a veil before the eyes. P., 30th.

Frontal headache, sharp over the left eye every forenoon. Dr. S., ^{cm}.

15. Pain in right temple extending to right eye and ear, at noon; better by 5 P.M. (after eating grapes). In evening, pain over left temple while riding in a street car. P., 6th, 30th.

Immediately after dinner, sharp tearing in left side of head, front of ear and temporal region particularly. Dr. D., ^{cm}.

Pressure over the right eye, with sighing as if room were too close; later over left eye; worse before and after, better during menses. F., 30th.

Pinching in left temple descending to left ear and tonsil. P., 6th.

Heaviness and fulness of the head, with flashes of heat in the afternoon, followed by sweat. P., 2^e.

20. Empty feeling in the head; stomach feels empty. Dr. S., ^{cm}.

Frequent sensation of fulness in the head, with pulsating pains on stepping. Dr. D., 10^m, ^{cm}.

Pain in centre of left eyebrow.

Pain in left orbit, with pain in bowels, extending up into the chest; flatulence.

Headache 9 A.M., preceded by gagging and faint feeling; pain all over head, better at first from pressure; no better after dinner or siesta, but suddenly leaves at 8 P.M. Dr. V., 1^m.

25. Headache at 10 A.M. M., 10^m.

Every afternoon, after menses, headache. F., 30th.

Headache better after breakfast; worse after dinner. Dr. S., ^{cm}.

External Head.

Rheumatic drawing up left side of occiput into the forehead. 50^m.

Very severe pains in the temples nearly all the morning. Dr. S., ^{cm}.

Sight, Eyes.

30. Mist before the eyes; halo around the gaslight; eyes feel sore, weak. Dr. S., ^{cm}.

On rising, 5 A.M., flickering of sight in left eye. A., 10^m.

Dim sight, as from a veil over eyes, with dull, heavy headache. P., 30th.

Quivering of right eyelid while reading, before sleep, and on awaking. Dr. Hn., 30th.

On using the eyes, dull, aching pain in the orbit above the ball; eyelids feel sore, itch, and burn. Dr. S., ^{cm}.

35. Eyes feel sore when reading in evening. M., 10^m.

Eyes as if bathed in hot water; drowsy. M., 50^m.

Eyes bloodshot, M., 10^m; feel as if sand was in them, mostly the left eye. M., 50^m.

Burning lachrymation; drowsy, 10 A.M. M., 50^m.

Inner canthus of right eye feels sore, he wants to rub it; slightly injected. Dr. S., ^{cm}.

40. Aching in right eyeball. M., 1^m.

Dryness of left eyeball, with pain in same as if bruised. Dr. K., 1^m, 10^m.

Scrofulous ophthalmia. Schüssler.

Lids feel heavy and itch along the margins; pain over the eyes. Dr. S., ^{cm}.

Hearing, Ears.

Tickling from middle ear into the Eustachian tube. J., 10^m.

45. While lying down, sensation as of water dropping from a height into a long, narrow vessel. M., ^{cm}.

Lobe of right ear burns and itches so intolerably he has to scratch until it bleeds; face burns; joints itch. M., 50^m.

Smelling, Nose.

Offensive odor before the nose in the morning, two days. Dr. D., ^{cm}.

Slight epistaxis in the morning; irritable. Dr. D., 10^m.

Tough, clear-white phlegm from posterior nares. J., 10^m.

50. Dropping of thick, yellow mucus from the posterior nares; worse at night; awakens him, he must sit up to clear his throat. J., 1^m, 10^m.

Left nostril stopped up; accumulation of mucus in the throat. J., 1^m.

Left nostril stopped up; worse in open air. M., 50^m.

Left nostril sore, painful; picks it continually; scabs form. Dr. S., 70^m, ^{cm}.

Itching of the nose. A., 10^m.

Teeth, Gums.

55. Teeth in the morning and mouth all day covered with a brownish mucus. J., 10^m.

Taste, Talking, Tongue.

Coppery taste, 5 A.M. A., 10^m.

Bad taste in the mouth, morning, on awaking; gastric symptoms. Dr. D., ^{cm}.

Tries to say a word, but it will not come out; feels as if something closed in the throat, preventing speech. J., 10^m.

Sensation of hairs on the tip of the tongue, followed by prickling numbness of whole mouth, next day a small pimple. P., 2°.

60. Tongue coated dirty-white with a dark-brown centre. Dr. D., ^{cm}.

Blisters on tip of tongue. M., 10^m.

Palate, Throat.

Sensation as of a pin pricking the right side of the throat; worse swallowing liquids; better from solids.

Dr. S., 70^m.

Accumulation of mucus in the throat, causing hawking, afternoons; this causes a tickling and slight cough.

Dr. D., ^{cm}.

Right side of throat sore. Dr. S., ^{cm}.

Desires, Aversions.

65. Desires strong-tasting things, even alcohol. Dr. Hn., 30.
Desires strong-tasting things. J., 1^m.

Desire for beer; it relieves the goneness. M., 50^m.

Desire for fried eggs, J., 1^m; for eggs, M., 50^m.

Aversion to bread and butter, yet formerly fond thereof; very persistent for weeks. Dr. D., 10^m, ^{cm}.

70. Not very hungry for meals, yet enjoys them; most appetite for supper. Dr. D., ^{cm}.

No desire for food; sick, gone feeling. Dr. S., ^{cm}.

Eating, Drinking.

Before breakfast: pressure from spine to stomach, A., 10^m; headache better, Dr. S., ^{cm}.

After breakfast: nervous, went to bed again. Dr. S., ^{cm}.

Before dinner: 11 to 12 o'clock, sick feeling, nervous; empty, gone feeling; pulse quick, jerking. Dr. S., ^{cm}.

75. After eating a little, feels full. M., 50^m.

After dinner, headache. Dr. S., ^{cm}.

Fulness in the stomach all the time, but worse after eating. Dr. D., ^{cm}.

Sensation of heaviness in the epigastrium, better after eating. P., 30th.

Feels weak and cross after dinner, would like to lie down, Dr. D., ^{cm}; empty feeling in chest and abdomen, M., 1^m; empty, gone feeling all day, but worse after eating, Dr. S., ^{cm}.

Eructations, Nausea.

80. Eructations after eating. M., 1^m.

Eructations frequent, tasteless. 10^m, 50^m.

Stomach.

Heavy feeling in the stomach, causing a restless feeling; third day after tea. A., 10^m.

Constant feeling of fulness. Dr. D., ^{cm}.

Awakens, 2 A.M., with pressure in the stomach; feels as if a round stick was pressing up and forward from about the last dorsal vertebra into the stomach. A., 10^m.

Goneness in the stomach and abdomen, even in the chest. M., 1^m, 10^m, 50^m, ^{cm}, H., 10^m. See also symptom by Dr. S.; goneness at 4 P.M., M.

85. Goneness in stomach and abdomen, with a feeling of weight above the ensiform. See Chest and Arms. M., 50^m; H., 10^m.

Abdomen.

Anxiety felt through the abdomen, lasting only a few moments. Dr. K., 1^m.

Bloated feeling, worse evening; wind in the bowels; must loosen the clothing; urging to stool. Dr. S., ^{cm}.

Pain in the bowels ascends to the stomach; flatulence; at the same time return of pain in left orbit.

Goneness. See 85.

90. Colic, as from wind pressing on the bladder, causing frequent micturition; urging to stool. M., 50^m, ^{cm}.

Rectum, Stool.

Distressing, burning, contracting pain in anus and lower part of rectum; feel it after awaking from a troubled dream. Dr. D., ^{cm}.

Diarrhœa, colicky pains before morning. M., 50^m.

Three or four diarrhœic stools a day, with much flatus; crampy pains in stomach and abdomen; is afraid to pass flatus lest fæces escape also. Dr. D., ^{cm}.

One day costive, next day diarrhœa. M., 50^m.

95. Costive. M., 1^m, 10^m; Dr. D., 10^m, ^{cm}.

Urging to stool; feels often as if bowels would move, but they do not.

Urging to stool two evenings, 8 P.M., in succession. M., 10^m, ^{cm}.

While at stool, sensation as if a marble dropped in left abdomen (descending colon), two evenings, 8 P.M. M., 10^m.

Itching of the anus; soreness. M., 50^m.

100. Itching about the anus.

Kidneys, Urine.

Fine stitching pains in left renal region. Dr. D., ^{cm}.

Urine dark-red; no sediment. 1^m.

Constant urging. M., 10^m.

Burning during urination; urine apparently normal. M., 50^m.

105. Obligated to urinate, but pressure not thereby relieved. A., 10^m.

Frequent micturition, 90. M., ^{cm}. Dr. S., ^{cm}.

Male Parts.

- Sexual desire, but no erections. 1^m; later, total absence of desire. M., 10^m.
- Great sexual excitement. Dr. S., 70^m.
- Sexual desire diminished; drawing in the right spermatic cord. M., 50^m.
110. Seminal emissions without erotic dreams; two in one night. Dr. S., ^{cm}.
- Emission of semen some hours after coitus; no dream or erection. M., 50^m, ^{cm}.
- Emissions almost every night (married man); preceded by slight pains in the testicles, mostly left. M., 50^m.
- Three emissions in one week; unconscious thereof until morning. J., 1^m; M., 10^m.
- Emissions every night; no lascivious dreams; semen thin, watery, smells like stale urine. J., 10^m.
115. Emissions every other night. Dr. S., ^{cm}.
- After coitus, burning and itching at meatus urinarius; urging to stool, and urine; bowels loose; stools small. M., 50^m.
- After emissions, melancholy; pain through right groin next day. M., 50^m. For weeks dull drawing in testicle and cord. M., ^{cm}.
- Pain in left spermatic cord. M., ^{cm}.
- Pain in left testicle and about the chin. M., ^{cm}.
120. Itching of the prepuce. Dr. D., ^{cm}.

Female Parts.

- Great and unusual excitement; not able to get to sleep until near 1 A.M.; awoke at 5 unrested. A., 10^m.
- Three nights later sexual dreams; thinks she is with her husband, but the act is prevented by the unbidden entrance of some stranger. A., 10^m.
- Menses five days too early. A., 10^m.
- Menses five days too early (always regular before); feet icy cold by day, burn at night in bed; flow pale (dark in health), with pressure over right eye, and desire to take a long breath, as if room was too close. Three days later, headache over left eye; all worse 3 to 4 P.M. Fifth day, flow dark as usual.
125. *After menses* much worse. Trembling about the heart; worse walking up stairs; pressure in pit of stomach;

better eating; headache returns every afternoon, now over one, now over other eye; sleep restless, tosses from side to side. F., 30th.

Next period three days too early. Same symptoms as before, but flow stopped two days and returned with headache, chilliness, restless sleep, and paralytic aching in right wrist; knees felt as if the cords were shortened. F., 30th. (Was under treatment eighteen months before symptoms were all removed.)

Breathing.

Constant tendency to sigh; menses. F., 30th.

Cough.

Cough after drinking water. J., 10^m.

Cough from tickling in the throat. See 63.

Inner Chest, Lungs.

130. Like a weight above the ensiform, with empty feeling in stomach and abdomen. M., 50^m.

Empty feeling in the chest and abdomen after a meal. M., 1^m.

Heaviness in epigastrium and lower third of sternum, worse going up stairs; during menses. F., 30th.

Lower third of sternum pains as if torn in two. J., 10^m.

Sudden feeling of fulness in upper part of chest. P., 6th, 200th.

135. Burning deep in chest, worse right side; evening in bed. Dr. S., ^{cm}.

Pain from right clavicle diagonally to stomach, so intense that it made her start, followed by hoarseness. P., 6th.

Pain through left chest and in left shoulder. Dr. S., ^{cm}.

Pain through chest after dinner, especially left side. Dr. S., ^{cm}.

Heart, Pulse.

Trembling about the heart going up stairs; after menses. F., 30th.

140. Heart feels uneasy and pains especially about its base when pains in limbs and great toe are better. P., 6th. (Twenty years ago had pains in toe and heart relieved with Lycopod.; no return until now.)

- Every strange noise causes palpitation. Dr. D., ^{cm}.
 Lying down at night, hears the heart beat as though it came from under the pillow. M., ^{cm}.
 Feels the pulse all over the body. J., 1^m.
 Pulse is felt in different parts of body, as if shot were rolling through the artery. M., 50^m.
 145. Feels as if a lump or bubbles started from the heart and were forced through the arteries. J., 10^m.
 Pulse quick, jerking. See 74; Dr. S., ^{cm}.

Outer Chest.

- Intercostal muscles feel sore and as if drawn when sitting erect or moving chest, not in ordinary breathing. M., 50^m.
 A spot in right chest feels bruised. P., 200th.
 Sore, pressing pain, as after a contusion, about cartilages of fourth to sixth ribs, right side; worse from deep breathing, deep pressure; later in the evening, cannot breathe deeply, or move the arms, or bend body backwards. Dr. D., ^{cm}.
 150. Contracted feeling in walls of right chest, lasting only a few moments. Dr. D., 10^m.

Neck, Back.

- Rheumatic pain in right shoulder; feels nervous. M., 50^m.
 Crick in both sides of neck. M., 1^m, 50^m.
 On taking a deep breath, stitches to right of spine, morning. Dr. D., 10^m.
 Lying in bed, 11 P.M., weak feeling in small of back, most felt when lying on back, but not relieved by lying on the side; diminishes in a few minutes, and is followed by an annoying deepseated twitching in left inguinal region. Dr. D., ^{cm}.
 155. Pain in the articulation of the lumbar vertebræ and sacrum, left side; pressing the spot causes a pain down the thigh to knee, 10^m. Later this spot grew more painful, and the leg seemed to give way when walking, as though knee was weak. J., 50^m.

Upper Limbs.

- Slight drawing in the left deltoid, morning. Dr. D., ^{cm}.
 Heaviness of the right arm. M., 50^m.

- Numbness of right hand and arm. P., 200th.
 Arms (left) feel "gone," tired. J., 10^m.
 160. Arms so weak she must let them drop. P., 6th.
 Synovial crepitation. P., 6th; J., 10^m; M., 1^m, 10^m, 50^m.
 Drawing in right wrist-joint. Dr. D., ^{cm}.
 Sudden drawing crampy pain in left wrist, at various times, extending over dorsum of hand to fingers, index finger intensely painful. Dr. D., ^{cm}.
 Slight crampy pain in left hand, particularly index finger. Dr. D., ^{cm}.
 165. Pain in right index finger in an old gouty joint. P., 6th.
 Deepseated pain in right wrist going to centre of palm. P., 6th.
 Sharp pain, like a needle, in middle finger of right hand. Dr. D., ^{cm}.
 Rheumatic pains in joints of little finger, left hand. M., 50^m.
 Pains darting in little finger of left hand, then in the right; worse riding. P., 6th.
 170. Pain in little finger of right hand. M., 5^m, 10^m.
 While writing, cannot keep the hand from trembling; the pen moves further than he designs; thus he makes a "t" or a "y" too long. J., 10^m. See also Skin.

Lower Limbs.

- Sudden giving way of legs while walking, as though they would be paralyzed; fears she will have typhoid fever. P., 6th, 200th.
 Unsteady gait. Hn., 10^m.
 After getting up for several mornings, legs feel from knees down heavy as if paralyzed. M., ^{cm}.
 175. On getting up after sitting awhile, knees tremble. Dr. S., ^{cm}.
 Tired in the morning, weak feeling in the legs seemingly relieved by forcibly stretching. Dr. D., ^{cm}.
 Slight drawing in left ischiatic nerve from foramen to middle of thigh. Dr. D., ^{cm}.
 When walking, calves feel as if pulled tight. M., 10^m.
 Muscles of left knee pain as if hamstrings were too short. M., 10^m.
 180. Feeling as if cords were shortened; after menses.
 Hamstrings feel stiff when he attempts to rise; he "kicks out" to limber up. M., ^{cm}.

- Drawing in the hamstrings of left leg while walking. J., 10^m.
 Twitching in joint of left knee. Dr. D., ^{cm}.
 Pain in left popliteal space going up stairs. P., 6th.
 185. Synovial crepitation. P., 6th; J., 10^m; M., 1^m, 10^m, 50^m.
 Bruised pain inside of thighs when walking up stairs. M., 10^m.
 Pains about the patella. M., ^{cm}.
 Dull aching in right thigh, very severe. M., 10^m.
 Drawing in inner side of left thigh. M., 50^m.
 190. Sensation as of a needle piercing the calf while walking. M., 10^m.
 Right calf feels as if tightly bandaged. M., 1^m.
 Pains between knees and ankles when walking fast. M., ^{cm}.
 Slight pains about shin and left testicle. M., ^{cm}.
 Aching along the shins while walking. P., 6th.
 195. Big toe pains. P., 6th, 200th. When rubbing it, it prickles as if going to sleep. P., 200th.
 Right big toe pains; as this gets better pain in heart. P., 6th.
 Pain in ball of left foot. M., ^{cm}.
 Pain in hollow of left foot, worse walking or exercising; alternates from foot to foot. M., 50^m.
 Muscles pain when flexing left foot. M., ^{cm}.
 200. Ball of left foot pains; pain in calf, worse on first rising. M., ^{cm}.
 Pain in ball of left foot walking. M., 10^m.
 Pain in hollow of right foot after going up stairs; also while riding. P., 6th. See also Skin.

All the Limbs.

- Right wrist and left ankle weak, and ache as if paralyzed; after menses.
 Drawing in hands, feet, wrist-joints and left shoulder. Dr. D., ^{cm}.

Rest, Motion, etc.

205. *Ascending*: chest, 132; heart, 139; hollow of foot, 202; inside of thigh, 186; pain in popliteal space, 184; heavy feeling in epigastrium, 132.
Descending: knees ache.

- *Walking*: shins, 194; between knees and ankles pains, 192; legs give way, 172; like needle in calf, 190; calves, 178; hamstrings, 182; ball of foot pains, 201; crepitation of joints; pain in hollow of foot, 198.
- Motion*: crick in neck; intercostals sore; worse moving arms, 149; must move, 9.
- 209½. *Stepping*: pulsating pains in head, 21.
- Stretching*: relieves legs, 176.
- 210. *Flexing*: foot, muscles pain, 199.
- Stooping*: pain over right eye.
- Standing*: legs weary, tired, 216.
- Sitting erect*: intercostals sore, 147; falls asleep while sitting, 219.
- Lie down*: desire to, 79.
- 214½. *Lying*: in bed, feels pulse all over; ears, 45; lying on back, back weak, 154; lying down at night hears heart beat, 142.
- 215. *Rising*: hamstrings, 181; stiff; knees tremble, 175; on first rising legs feel paralyzed, 174; pain in calf, 200; flickering of sight, 31.

Nerves.

Weariness of the legs while standing. M., 50^m.
 General lassitude. C. Hg., Ha., M., P., Dr. S., Dr. D., H.
 Languid in hot weather (hitherto indifferent to summer heat). M., ^{cm}.
 Very tired in the afternoon, falls asleep while sitting.
 Dr. D., 10^m, ^{cm}.

Sleep.

- 220. Sleepless after 12 P.M. until 3 A.M. Dr. Hn., 30th.
 Cannot get to sleep; feels so hot; thoughts crowd on his mind. Dr. D., ^{cm}.
 Restless sleep during and after menses. F., 30th.
 Restless sleep all through the proving. Dr. Hn., 30th.
 Could not get to sleep until 4 A.M.; then had a tiresome sleep until 5 A.M. A., 10^m.
- 225. Drowsy all day, mostly forenoon. M., 1^m.
 Drowsy afternoons, must lie down; after dinner, so sleepy can hardly keep his eyes open; tired, weary, not disposed to do anything. Dr. D., ^{cm}.
 Sleepy from 3 P.M. until bedtime, then sleepless from

- thoughts; finally, on going to sleep, dreamed of these thoughts. Dr. Hn., 30th.
- Sits up in bed, seizes the sheet, and folds it precisely along the hems. M., 50^m.
- Wide awake from the least noise. Dr. D., ^{cm}.
230. Awakens after 12 P.M.; soon after, a sensation as from an electric shock through the body, trembling and palpitation as from fright. Dr. D., ^{cm}.
- Awakens in the night and imagines pieces of furniture are persons. M., 50^m.
- Awakens, fears his child, who has a trifling ailment, is dead; he goes to her room to relieve the otherwise ineffaceable impression (never nervous before in sickness). M., 50^m.
- Dreams of sexual excitement.
- Troublesome dreams. A., 10^m.
235. Vexing dreams. Dr. H., 1^m; J., 50^m.
- Dreams of the dead; tired on awakening. Dr. D., ^{cm}.

Times of the Day.

- Night*: easily startled, 11; mucus from post. nares, 50; emissions, 110, 111, 112, 113, 114, 115; feet burn, 124; hears heart, 142; imagines furniture people, 231.
- After* 12 P.M., 2 A.M., pressure in stomach, 83; cannot sleep until 1 A.M., 121; sleepless, 220; awakens, 230.
- Morning*: dizzy, 12; temples, 29; on rising, 5 A.M., flickering of sight, 31; offensive odor before nose, 47; epistaxis, 48; mucus on teeth, 55; coppery taste, 56; bad taste, 57; diarrhœa, 92; awoke, 5 A.M., unrested, 121; stitches rear of spine, 153; legs feel weak, 174, 176; drawing in deltoid, 156.
- 9 A.M., headache, 24.
240. 10 A.M., headache, 25; drowsy, lachrymation, 38; 11 to 12 A.M., sick, nervous, gone feeling, etc., 74.
- Forenoon*: ill-humor, 7; drowsy, 225.
- Afternoon*: heavy head, flashes, 19; headache, 26; hawking, 63; tired, 219, 226; sleepy, 227; flashes of heat, 251.
- 4 P.M., goneness, 84.
- 5 P.M., pain in temple; *better*.
- Evening*: gloomy, 3; inclined to study, 7; eyes sore,

- 35; bloated, 87; pressing, sore pain in chest, 149;
 11 P.M., weak feeling in back, 154; flashes, sweat, 252;
 itching of skin.
 8 P.M., headache suddenly leaves, 24; urging to stool, 97.

Warmth and Cold.

Feels warm weather more than usual.

245. Nervousness, goneness at the stomach, headache, crick
 in the neck, worse in a thunderstorm. M., 50^m.
 Desire to take a long breath, as if room was too close;
 menses.
 Worse in open air; left nostril stopped up, 52.

Chill, Fever, Sweat.

Chilly, felt mostly in the chest. 1^m.

Chill, followed by hot flashes around the body. Dr. H.,
 1^m.

250. Feet icy cold, but burn at night; menses.
 Flashes of heat and sweat; evening, M., 10^m.
 Flashes every afternoon, headache; lady who, though
 50, never had them before. P., 30th.

Sides.

Right: temple, 15; pressure over eye, 17; lid quivers,
 32; inner canthus sore, 39; eyeball aches, 40; lobe
 of ear itches, 46; pricking throat, 62; throat sore,
 64; drawing in cord, 109; pain through groin, 117;
 burning in chest, 135; clavicle to stomach, 136;
 bruised spot in chest, 148, 149; walls of chest feel
 contracted, 150; shoulder pains, 151; stitches to rear
 of spine, 153; heaviness in arm, 157; hand numb,
 158; drawing in wrist-joint, 162; index finger, 165;
 wrist to centre of hand, 165; like needle in index
 finger, 167; pain in little finger, 170; dull aching in
 thigh, 188; calf feels as if bandaged, 191; big toe,
 196; hollow of foot, 202; right wrist, left ankle,
 203.

Left: Headache, 14; temple, 15; tearing in head, 16;
 pinching in temple, 18; centre eyebrow, 22; orbit,
 23; drawing up the occiput, 28; flickering in eye,
 31; like sand in eye, 37; eyeball dry, 41; nostril

stopped up, sore, 51, 52, 53; like a marble in left side of abdomen while at stool, 98; stitches in renal region, 101; pain in testicle, 112; in cord, 118; in testicle and shin, 119; in chest and shoulder, 137, 138; deep twitches in inguinal region, 154; soreness about sacrum, etc., 155; drawing in deltoid, 156; arms, especially left, feel "gone," 159; drawing, crampy pain in wrist, 163; crampy pain in hand, 164; pains in joints of little finger, 168; drawing in ischiatic nerve, 177; hamstrings short, 179, 182; twitching in knee, 183; pain in popliteal space, 184; drawing in inner side of thigh, 189; ball of foot, 197; hollow of foot, 198; muscles pain, flexing left foot, 199; ball of foot, 200, 201; drawing in hands, feet, left shoulder, 204; itching pimples, 265.

255. *Right → Left*: Temples, 15; pressure over eyes, 17.
Left → Right: Darting in little finger of left, then of right, hand, 169.
Worse from touch, rubbing, etc.: Big toe prickles when rubbed, 195; must loosen clothing, 87.
Pressure relieves: Head at first, 24; wants to rub eye, 39.
Riding: Headache, pains in right foot, knee, left hand.

Skin.

260. Intense itching of the face, especially of the nose, also spots on body and limbs itch; feel like insect-bites; she wants to tear the flesh. A., 10^m.
 After going to bed, itching here and there, and lumps similar to hives raise up; scratching relieves itching, but is followed by burning; could not sleep. Dr. S., ^{cm}.
 Itching of the skin, particularly lumbar region and hips; rubbing causes an eruption of papules about the size of lentils and of the color of the skin. Dr. D., ^{cm}.
 Itching about the joints, elbows, knees; at the same time, itching of right external ear; vesicles form. M., 50^m.
 Small, round, reddish papules about the tendo Achillis and, later on, lower limbs, mostly in bend of joints, itching terribly. Dr. D., ^{cm}.
 265. Pimples on left leg itching, burning; loss of appetite. Dr. S., ^{cm}.
 Burning, stinging lump, like hives, on the second joint of ring finger. J., 10^m.

Itching about mouth and neck all through the proving.
J., 10^m.

Itching about mouth, neck; vesicles form; pimples like
nettle-rash. M., 50^m.

Itching of prepuce; of arms; of coccyx. M., 50^m.

Other Drugs.

270. *Apis* removed hives.

Sepia aggravated, but finally relieved, eruption about
joints.

QUARTERLY MEETING OF THE CENTRAL NEW YORK
HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY H. V. MILLER, M.D., SECRETARY, AND E. B. SQUIER, M.D., ASST. SECRETARY.

THE September meeting of this Society was held on the
21st, at Dr. Squier's office.

Dr. Squier was requested to act as assistant secretary of the
Society.

After the preliminary work of organization the Committee
on Credentials reported favorably on the applications for
membership of Drs. Beach, of Ilion, and J. T. Wallace, of
Oneida. These gentlemen were duly elected members.

President's Annual Address.

In lieu of the usual annual address, Dr. Brewster presented
the following paper, giving an account of his recent visit to
the Middletown Insane Asylum, Orange County, New York.
As this is the only public institution devoted to the care of
the insane under the exclusive control of the homœopathists
in this country, some of its facts may be of special interest to
the profession.

My Visit to Middletown.

First of all, I saw Dr. Stiles (who by the way is the right
man in the right place). His great ability, and his uniform
amiability, nicely fit him for the superintendency of a homœo-
pathic asylum for the insane. He is enabled by his peculiar
organization to throw around his unfortunate patients con-
tinued sunshine. His genius and his genial nature put him
at once upon the best of terms with all in the institution.
Dr. Stiles believes that kindness and uniform mildness is a pow-
erful and valuable means in the management and treatment

of this class of patients. He recognizes the fact that the physician must possess the confidence of the patient before he can control or treat him successfully. The Doctor remarked that he was continually treading upon untried ground; that he was not governed by any fixed laws or old-established rules in the management of his patients, but he has broken away largely from them all, and the results have justified his course. To demonstrate this idea, the Doctor gave the following report of a recent case:

A Mr. C. was brought there from an institution that is under the old style of management, the strait-jacket style. He was called a violent patient, and one that needed close confinement and continual watching. He was one of that peculiar order of temperaments who are always ready to give in return just such treatment as they receive. Hence, if the attendants used violence, he was always ready to return violence, if they were disposed to quarrel he was ready to enjoy that pastime. In fact, he rather enjoyed a real rough-and-tumble with the best man the institution could furnish. He was brought to Middletown as an unmanageable patient. Dr. Stiles saw at a glance that this patient must have a change of treatment. Then followed the struggle for mastery of mind over mind; the struggle of a strong, healthy and well-balanced one over a sympathetically diseased and unbalanced mind. The Doctor was not long in making his choice, and he immediately put his patient upon parole of honor. This called out all the manhood there was left in him, and surprised him so much that he hardly knew what to do or say. But a few days afterward he informed the patient that he had sent down town for a carriage and was about to send him out for a ride with a lame man, in the same ward with him, and that he (the Doctor) would expect him to take good care of him, "For," said he, "you know that he is lame and can't help himself much." He was thunderstruck. "What!" said he, "you are not going to send me out alone with that lame man?" "Yes," says the Doctor; "you can do it, can't you?" "Yes, sir, I can; but where shall I go?" The Doctor replied, "Anywhere you please, and as far as you choose, only you must be home at five and a half o'clock." And they went and returned in safety and on time. The result proved that the Doctor did not misjudge his patient, or his own power to control him. From his reception until the time of my visit, this patient was under no restraint.

A few days after a musical convention was being held in Middletown, and Mr. C., being a fine musician, was permitted to go down and participate in that entertainment for three consecutive days. The superintendent comes to the conclusion that Mr. C. is no longer insane, and he proposes to send him home soon, cured. This is a brief history of the management of one case, and is a good illustration of Dr. Stiles's genius and his ability to superintend such an institution. We did not see Dr. Butler, he and his wife being absent on their annual vacation. But I am informed that he is the resident physician, and that he gives his attention to the study of materia medica and therapeutics, and to special therapeutics. Dr. Butler takes just pride in being a close student of the specialty he has chosen, and being a close student of the symptoms, he is enabled to make very accurate prescriptions.

I also had the honor of making the acquaintance of Mrs. Stiles, the Doctor's very amiable wife, who does not believe much in female doctors. I suppose it is because she has a doctor for a husband, in whom she does believe most thoroughly, and appears perfectly satisfied to be his helper. And when we come to realize what she and her associate, Mrs. Dr. Butler, have done and are still doing in the way of helping in the managing and controlling of this peculiar class of patients, a large proportion of which are of the melancholy class, and are inclined to brood over their real or supposed troubles, we shall be the better prepared to appreciate their efforts as helpers in this great enterprise. Believing that pleasant surroundings, home-like comforts and suitable amusements will contribute largely to the benefit of those suffering from hypochondriacal complaints, the ladies, with the advice of the managers, have instituted a series of weekly entertainments, which have done very much towards keeping up the drooping spirits, they well knowing that while engaged in pleasant social converse, in singing, dancing, playing at games (of which they have many), in eating and drinking and making merry generally, the spirits will not be likely to become depressed. Hence these good ladies have addressed themselves to the pleasant task of administering fun in large doses to the unfortunate persons who are suffering from dyspepsia and melancholy and mental aberrations of every name and nature; they fully believe that amusement administered in intoxicating draughts is a good antidote for melancholy.

Read the catalogue: First of all is the regular Sunday ex-

ercises conducted by the various Protestant churches in the village; the weekly receptions, given one week by the ladies in the convalescent wards to the gentlemen of the same class, and *vice versâ* the next week by the gentlemen. At such times they all assemble in the reception-room of the administrative building, and spend the evening in social exercises, when refreshments of cake and lemonade are passed, and the guests soon separate for the night, having spent a very pleasant evening, and for the time are made happy. And now they are all looking forward to the next evening's entertainment, which perhaps will be the regular weekly dance, in which they engage with spirit and much real enjoyment; or the open-air concert given by the village cornet band, with the dance platform laid on the grass under the moonlit sky; or the theatrical entertainment by some amateur troupe, or the old-time concert in costume, or the picnic in the grove twelve miles away by special train, or the magic lantern views, etc.

The regular Thanksgiving dinner and the Christmas tree entertainment, at which every patient, rich or poor, receives presents from friends or some other source, are a source of much merriment and substantial enjoyment. Dr. Stiles says: "Our experience thus far has amply proved the curative value of pleasant surroundings, and has demonstrated anew that they tend strongly in connection with firm and kind treatment to amuse and maintain the self-respect and self-control of the patient, and thus aid in bringing the mind back to its normal bearings. If perchance it may be thought that we dwell too much on the moral surroundings, we reply, that while experience seems to have fully demonstrated that the initiatory step toward the treatment of the insane is to cut off as far as possible all their previous associations, it is equally imperative that their new associations should be made as pleasant and domestic as they can be. Disease, like crime, is very frequently the result of the immurement to which the individual has been subjected, socially; and, like crime, its rational and radical cure demands a change in the character of that environment. It will be seen, therefore, that by close attention, in asylum life, to these details of surroundings, we keep our better class of patients, in some degree, from feeling too acutely the loss of that comfort, etc., to which they have always been accustomed; while to the poorer class of patients who have not enjoyed these comforts to so large an extent, if at all, in their previous lives, asylum life becomes, in fact, an

elevating, instructing, and improving influence, over and above the physical benefit which they receive from medical treatment." Our medical treatment continues to be purely according to the homœopathic law of "*similia similibus curantur*," and entirely without resort to any of the forms of anodyne, sedative, or palliative treatment so generally in use (even among physicians of our own school) in cases of mental disturbance. Not a grain of chloral, morphine, the bromides, etc., etc., has ever been allowed in our pharmacy, or given in our prescriptions, nor do we feel the need of them even in our most violent cases of acute mania. A careful study of the mental and physical symptoms, together with a rigid adherence to the Hahnemannian principles of selection and administration of remedies, has enabled me to meet the requirements of each individual case with comfort and success. On the mooted question of dilution, which divides the homœopathic school, we have endeavored to preserve a strict impartiality, using both the lowest and highest, as circumstances seem to indicate, and with that regard to strictness of detail in prescription which shall secure for the aggregate of our asylum practice the value of a scientific experiment. Our case-book shows a brief but complete daily record of the mental and physical symptoms, the medicine, dilution, and form of administration.

During a portion of the past year our female patients have profited by the services of a female attendant, who is a student of medicine, and who was detailed to make those special examinations, with accompanying treatment, which for obvious reasons in ordinary asylum practice it has been found impracticable for the male physician to make. When made as they easily can be by a competently educated woman of tact and kindly address, under the general direction and advice of the physicians of the staff, the exact condition of the uterine organs concerned in so many cases of insanity in females can be readily ascertained, and the results of proper treatment are correspondingly successful and satisfactory. Over two hundred special examinations were made by this lady in the female wards, and they contributed very largely to the curative results.

A vote of thanks was passed for the President's address.

Remarks.

Dr. L. B. Wells said that he was very much interested in

the prosperity and success of this asylum. All homœopathic physicians ought to be interested in this beneficent institution and send to it their insane patients.

Dr. Spooner also felt a deep interest in this asylum. It richly deserved to receive bequests from wealthy persons.

Dr. Schenck spoke of his deep personal interest in this subject. If he were so unfortunate as to become insane, he should prefer going to the Middletown rather than to the Utica asylum. He had successfully treated half a dozen cases of insanity in early stages, and he described one of these cases.

Dr. Brewster said that in its first two years of existence this asylum had cured 31 per cent. of its cases.

After Dr. Brewster's address, Dr. H. V. Miller's biographical sketch of Dr. Clary was called for, in accordance with a vote passed at a previous meeting.

BIOGRAPHICAL SKETCH OF DR. LYMAN CLARY.

"So might we talk of old familiar faces."

If to be eminently useful were to be in a corresponding degree happy, then the true physician might be expected to attain in this life a state of rare felicity. Though during the prevalence of some dire contagious epidemic the life of a faithful physician may become heroic, his is usually a quiet sphere, and his biography does not abound in thrilling adventures and hairbreadth escapes incident to the tented field. Yet the record of Dr. Clary's life is one of unusual interest, especially to the friends of homœopathy, identified as he was more than thirty years ago with the introduction of this new system of cure into Central New York, when its pioneers required some independence and force of character.

Dr. Clary was born in Deerfield, Mass., in 1803. In his early youth he manifested a decided taste for reading and study, and he diligently improved the best educational advantages afforded by his native town. Being accustomed to agricultural pursuits, his physical and mental powers were simultaneously developed.

At the age of fourteen he removed with his parents to Huron, Ohio, where, as a young pioneer, he assisted his father three years on the new farm in the wilderness. Game was plenty and hunting was his principal pastime. Mean-

time his active brain was not idle and his elementary education was not neglected. A portion of the time he attended the neighboring schools, and he devoted his evenings to patient and persevering study. The next four years he was engaged in school teaching, but generally during the summer months he assisted his father on the farm, devoting his evenings and all his leisure hours to classical and scientific study. At the age of twenty-one he studied medicine in the office of his future brother-in-law, Dr. Manter, in Illyria, Ohio, and afterwards continued his studies in Dr. Williams's office in Deerfield, Mass., mainly supporting himself by teaching. After a thorough course of study he attended lectures two years at the Berkshire Medical College in Pittsfield, Mass., where, in 1828, he graduated with distinction. Immediately after receiving his diploma he was induced by some friends to visit St. Catharine's in Canada, with a view of settling in that flourishing place. But feeling dissatisfied with this location and preferring to reside in the United States, he purchased a horse and travelled on horseback in Ohio and eastward through Pennsylvania into Central New York in quest of a more desirable professional opening. Wearied and worn he arrived in Onondaga County and visited several villages, preferring Salina and Baldwinsville, but remaining in doubt which of these places to choose. Finally, when returning from Onondaga Hill, he halted where the road forked to Salina and Baldwinsville, undecided which course to pursue. His resources were nearly exhausted, and he determined that chance should decide the matter, so he threw down the reins and concluded to go whichever way the horse happened to take. The horse went towards Salina, now the first ward of Syracuse, where he settled in the fall of 1828, with only three dollars in his pocket. He was already four hundred and fifty dollars in debt for money borrowed to complete his education and purchase necessary books, instruments and outfit. The three dollars were expended for board at the end of the first week, and then, to defray expenses, he was obliged to sell his horse, which brought him only sixty-five dollars. This amount he carefully husbanded, as it constituted all his pecuniary resources for the next six months, during which time he never received a paying professional call. But when not engaged in extending his acquaintance, he occupied his time in quietly pursuing his studies. It seems remarkable that he never once felt despondent or lost faith in his ultimate success, but continued hopeful, cheerful and self-reliant.

At the end of about six months, when his resources were nearly expended, he received an urgent professional call, and he improved the opportunity. He found that his patient, in a fit of delirium tremens, had cut his throat in a fearful manner. He duly stitched the adjusted parts, applied proper bandages, and then for several weeks sustained the patient by means of fluids introduced into the stomach through a gum-elastic tube passed down the posterior nares and œsophagus. The patient made a good recovery, and paid the doctor \$125. This case created a great sensation. His next patient fell into a salt kettle of boiling brine and was dreadfully scalded, but the doctor treated him also with good success. These two surgical cases established his reputation, and afterwards he had a flourishing and steadily increasing business.

In 1829 he became a member of the Onondaga Medical Society (allopathic), and in 1830 he was married to Miss Fanny Ware, of Deerfield, Mass., who now survives him. Soon afterwards he formed a partnership with Dr. Samson. In 1835 he removed to the village of Syracuse, and formed a partnership with Dr. George Smith. This partnership continued with a slight interruption until 1844. In 1836, influenced by his friends, Dr. Clary visited Richmond, Va., prospecting for a location, but preferring a free State he returned to Syracuse. In January, 1845, Dr. Clary formed a partnership with Dr. E. T. Richardson, now of Brooklyn. In 1846 Dr. Loomis, previously of the firm of Drs. Cator and Loomis, united with Drs. Clary and Richardson. Afterwards, at different periods, Dr. Clary formed partnerships with Drs. J. G. Bigelow, Kinne, F. Bigelow, and Brown. For a short time after Dr. Loomis removed to Philadelphia to assume a college professorship, Dr. Clary retired from the profession on account of poor health and mercantile engagements.

While residing in Salina, Dr. Clary had formed an intimate friendship with Dr. Ball, then practicing in the same place. After Dr. Ball removed to New York he became an enthusiastic homœopathist, and he often wrote to Dr. Clary urging him to investigate homœopathy, but apparently without effect. Finally, in 1845, Dr. Ball visited his old friend and said to him: "You do not treat homœopathy with fairness in condemning it without trial or investigation; you would not treat any other subject so unfairly; and I warn you, that if you continue to neglect it, homœopathic physicians will come and take away some of your best families."

This prediction soon proved true. Dr. Clary thought he was honestly opposed to the new system, not realizing that he was influenced by prejudice. He was a very conscientious man; he believed in fair play, and he did not intend to condemn any system in advance. But he did not realize that greater accuracy in the application of medicines would ultimately supersede the supposed necessity for heroic measures, hence he ridiculed homœopathy. Yet he admitted the force of Dr. Ball's appeal. About this time Drs. Cator and Loomis were practicing homœopathy in Syracuse, and their office was near that of Drs. Clary and Richardson. Dr. Richardson states that "the success of Drs. Cator and Loomis in the treatment of the sick, and in gaining the confidence of the people, was quite an annoyance to us. They often took from us patients that we had treated unsuccessfully for a considerable time, and speedily restored them. And we were very much puzzled satisfactorily to our own minds to account for results which were too apparent to be ignored by us. In conversation with each other, it was suggested that we ought to know more about this new system which we had ridiculed long enough, while entirely ignorant of its principles. Since this system was explained in books, the idea was suggested to us to obtain these books, and learn for ourselves the nature of this practice. Hence, during Dr. Ball's visit we consulted with him about the matter, and he kindly volunteered to obtain for us such books and medicines as we required to make a practical test of the system. He was authorized to thus invest for us twenty-five or thirty dollars. On his return to New York he sent us Hahnemann's *Organon*; Hull's *Jahr*, 2 vols.; Hull's *Laurie*, and several other books, and about eighty half-ounce vials of attenuated medicines, mostly from the 12th to the 30th dilution. In the summer of 1845 we undertook the investigation of homœopathy. After carefully and privately studying the books, we began to make trial of the medicines. At this time our prejudices were just as strong as they had ever been against homœopathy, and we had not the least expectation of being convinced or of adopting this system of practice, but we determined that we would be candid and thorough, as well as honest, in our investigation. In our selection of test-cases, we decided to take only those of which the diagnosis was unmistakable, and also only such as we knew required for their relief the operation of remedies.

"The first case in which we ventured to test the new remedies was a very severe case of inflammatory croup. The patient was a child about two years old, previously subject to croup, and requiring the most heroic treatment. On this occasion there were high fever; great redness of the face; full, hard, and frequent pulse; restlessness, and great difficulty of breathing; croupy cough, etc. Aconite was given in solution every half hour. Very soon after the second dose, a very marked amelioration began to be apparent. The heat was reduced, perspiration broke out, the breathing became easier, and the patient quietly slept. The result was to us remarkable and striking. In ecstasy the mother exclaimed, 'What would a homœopath have done in such a severe case?' Her mind was not then enlightened as to the real nature of the treatment. About two hours after entering the house, we left it wondering at what we had seen, but still doubting what agency had produced the result. The next day, a few doses of Spongia removed the remaining cough.

"Soon after this, Dr. Clary's daughter had a severe attack of pleurisy, the result of a cold. In such inflammatory cases Dr. Clary had previously found it necessary to freely bleed, and sometimes to blister and foment for relief. Without much faith he ventured to prescribe Aconite, followed by Bryonia, taking out his lancet and laying it on the table; but there was no occasion for using the lancet. To Dr. Clary's surprise and delight a speedy cure followed."

"About this time," says Dr. Richardson, "I was called to see an elderly man who was in collapse with cholera morbus, and as I thought nearly dead. The surface was cold and clammy, the skin shrivelled, the face blue and sunken, the voice a mere husky whisper, the pulse scarcely perceptible, vomiting and copious watery stools every fifteen minutes, and very severe cramps in the abdomen and in the extremities. It was one of the worst cases of the kind that I had ever witnessed. I saw at a glance that allopathic medicine would be utterly useless, and I fully expected that the case would prove fatal within an hour. Observing that the pathogenesis of *Veratrum album* exactly corresponded with the symptoms of the case, I resolved to give the patient the benefit of a trial, and gave a dose of this remedy, leaving another dose to be given in half an hour unless improved. I then departed, intending to return within an hour, but was detained more than two hours. On my return I fully expected to find my

patient dead. What was my surprise to find all the symptoms relieved. The vomiting and purging had ceased, there were no more cramps, the pulse was improved, the heat of the surface was returning, the voice was restored, and altogether the patient was very comfortable. On inquiring, I found that the second dose had not been given. A speedy cure followed without any more medicine.

"Summer diarrhœas of children were then prevalent, and we soon found that homœopathic remedies were so much more promptly efficient than the usual drugs that we were constrained to treat all these cases in this way.

"For about three or four months we continued to use these remedies, in the treatment of every variety of disease, with results far better than we had ever seen from the use of allopathic drugs. Up to this time we had concealed from our patients the fact that we were using homœopathic medicines, partly to avoid the influence of imagination in the results, and partly because we were then unwilling to have it known that we were having anything to do with homœopathy. At the end of this time we had seen so many proofs of the efficacy of these medicines that we were obliged to adopt the principles that governed their administration, and accordingly we resolved to use these remedies so long as we continued to witness such results from their administration. And neither of us ever had occasion to regret this step. Among our professional brethren generally there existed against us, on this account, an intensely bitter animosity. But some of them called upon us to learn our experience. Among these were Dr. L. B. Wells, then of Pompey Hill, and since of Utica, Dr. Seward, then of Liverpool, and many others.

"To prevent observation while conducting his experiments Dr. Clary prescribed liquids. But after awhile some of his friends suspecting heretical practices, inquired why he did not of late bleed, blister, and drug his patients as much as usual. He frankly replied that he had found a better system of practice, and that he should adhere to it so long as it proved more successful. By carefully applying remedies he succeeded in making other good cures, and he gradually substituted homœopathic treatment for allopathic. He had an extensive practice among the most wealthy and enlightened portion of the community, and all but two of his old patrons, whom he highly valued, adhered to him after he changed his practice."

In 1846, at the semi-annual medical meeting held at Bald-

winsville, Dr. Clary presiding, Dr. Hiram Hoyt read an elaborate paper attempting to prove theoretically that homœopathy was not true, though like many other members of the Society he never condescended to test the medicines in actual practice. He was chairman of a committee appointed to report on homœopathy. His report was accepted.

Dr. Clary then arose and reported his experience in the cases above mentioned, including some others which he and his partner had successfully treated with homœopathic medicines. The secretary reports that "he avowed himself greatly pleased with the action of these remedies, and according to his present views they were equal if not superior to allopathic remedies used in the same disease. Entertaining these views, he felt it a duty that he owed the Society to tender his resignation as its presiding officer." His resignation was, of course, accepted.

At the next meeting of the Society some decisive measures seemed to be required to nip homœopathy in the bud, hence it was facetiously "resolved that homœopathic medicine was nothing more or less than *diluted starlight*, and, therefore, that this Society emphatically denies holding any sympathy with such system, or any fellowship with its deluded or perverted followers."

By other theorists homœopathic medicine had been so frequently described as nothing but moonlight, that this brilliant metaphor had become rather stale. Some new and original expression seemed very desirable on this important occasion, hence this grave body did not require any experimental knowledge to declare the new system "nothing but diluted starlight."

On motion of Mr. Jones, who like many other practitioners of the old school was not happy in his opposition to the new system because he never tried the medicine, the following preamble and resolutions were in substance adopted by the Society:

"WHEREAS, Homœopathy is quackery, resolved that it is neither honorable to the practitioner (how much dignity!) nor beneficial to the community (how great their benevolence!) to counsel with homœopaths, and that members of this Society ought not to consult with them. (Such a proceeding would be entirely out of character.)

"Resolved, That an unapproved method of practice constitutes one of the forms of quackery. Homœopathy is an unapproved method of practice, hence it is quackery. Hence members of this Society are forbidden to consult with homœopaths."

A very logical mind must have originated this brilliant syllogism. Homœopathy is here declared to be quackery, because it is "an unapproved system of practice." Unapproved by whom? By rival physicians who know nothing about it.

After embracing homœopathy, Drs. Clary, Hurd and Richardson first withdrew from the Society. Afterward, for the same reason, the following members also withdrew: Drs. L. B. Hall, C. W. Boyce, L. B. Wells, E. D. Williams, B. B. Schenck and Dr. Roberts.

Before Dr. Clary withdrew from the Society, Dr. Taylor and others entreated him to abandon homœopathy, but after his enlightened experience he could not consistently do this merely to please his old associates. In return he urged them to accept from him a supply of the new medicines and test them in practice, but they obstinately refused this reasonable request.

Dr. Clary was president of the following medical societies: In 1845 of the Onondaga Medical; in 1863 of the Onondaga Homœopathic Medical; in 1851 of the first Central Society; in 1866 of the New Central; in 1852 of the New York State Homœopathic, and in 1854 of the American Institute of Homœopathy.

He appreciated the necessity of maintaining our legalized medical societies, in order to protect the right of homœopaths against the machinations of their enemies, as well as to cultivate the true science of medicine.

He often expressed a desire to be able to complete his half century of practice before finally withdrawing from the profession, but disease and death prevented. His practice extended over a period of forty-seven years, of which seventeen were in allopathic ranks and thirty in homœopathic.

His pecuniary success was due largely to his wise foresight for many years in purchasing real estate in Syracuse. He proved his faith in the future prosperity of his adopted city by thus incurring the burden of heavy debts. He depended upon his profession for means to pay the interest and his current expenses. One of his first purchases of real estate was called the college lot, containing five hundred and sixty acres, which he subdivided into small lots, then erecting upon each a dwelling, and selling to mechanics on long time. On account of his excellent judgment in regard to the value of property, and his residence in a rapidly growing business centre, his expectations were more than realized.

He was familiar with almost all forms and complications of disease, and in making a diagnosis he was generally prompt and accurate. His prognosis or judgment in regard to the probable continuance and final result of a case was generally reliable.

Dr. Clary never claimed to be a homœopathist of the strictest sect. If he had occasion to use allopathic palliatives he used them as such, but he did not therefore neglect to seek and apply curative remedies. He was a sincere believer in homœopathy, but he found this system yet in its infancy. He never claimed that he possessed a perfect knowledge of this complicated system, nor can any one else make such a claim. But so far as he could apply the law of cure, he believed it to be true and reliable.

In his early youth he was distinguished for his persevering devotion to his studies, even under adverse circumstances. After removing to Ohio his first seven years were spent in agriculture or in teaching. But during all this time he generally employed his evenings and leisure hours in scientific or classical study.

For many years he was a firm and consistent temperance man. During the latter part of his practice he rarely if ever prescribed alcoholic liquors. He believed that the medical profession was to a great extent responsible for the prevalence of alcoholic stimulation, the greatest curse of modern civilization. In our county society he stated his determination never to employ alcoholic liquors in disease. He believed that they could safely and easily be dispensed with in homœopathic practice. But if doctors did not know enough to find a substitute, their patients might better die sober than live to become drunkards. This was the expression of earnest convictions founded on many years of professional experience. If alcohol cannot be generally dispensed with in the old practice so much the worse for that practice.

He was a ready and forcible debater, and to draw out discussion he often seemed to prefer the negative of a question. His ideas were generally clear and distinct, and he had a good command of language, which enabled him to express his ideas with force and perspicuity.

He possessed many good qualities of mind and heart, and, apparently, he had no prominent bad ones. Manly, dignified, intelligent, sociable, affable, energetic, industrious and persevering, he was a true friend, and he was distinguished for his temperance, integrity, conscientiousness and sound, practical

common sense. He was generally conservative. Though always slow and cautious in adopting a new theory or in admitting a supposed fact, being disposed to make a practical test of things, when once thoroughly convinced of the truth he was, according to Dr. Ball, "very firm in his convictions and honest in his professions." Dr. Richardson further testifies that "he had a strong love for his profession; that he was faithfully devoted to the interests of his patients, and that he had the happy faculty of gaining their confidence and esteem."

He felt deeply interested in the prosperity of his adopted city, and especially in that of our public charities. For many years he gave his professional services to the Orphan Asylum without compensation, except for a brief period. He was one of the counsellors of the Home Institution, to which he gave his professional services without charge. He was one of the original trustees of the New York State Asylum for Idiots. And in his practice he always, without expectation of reward, took care of his full share of the deserving poor.

In regard to his theological predilections he was formerly a member and trustee of the First Presbyterian Church, but becoming imbued with liberal religious views, he learned to rely upon the benevolent intentions of the Supreme Being in reference to his creatures, and he attached himself to the Unitarian Church, of which he was a member at his death.

Since his decease, interesting memorial resolutions have been adopted by various institutions with which he was associated. At the late annual meeting of the Central New York Homœopathic Medical Society the following, among other resolutions, was unanimously adopted:

"Resolved, That we look with pride and satisfaction upon the record of his life, characterized as it was by spotless purity, unimpeachable integrity, and unyielding faithfulness to his earnest convictions."

For several years he had occasional attacks of angina pectoris. In his last sickness, which continued about ten months, there was as a complication, a considerable pleuritic effusion. His sufferings were at times intense. On the first of June, 1876, at the ripe age of seventy-three years, his lifework was completed.

A vote of thanks was also passed for Dr. Miller's paper, which was commended by Drs. Schenck, Wells, and others.

Remarks.

Dr. Wells had been associated in medical societies with Dr.

Clary about forty years, both in allopathic and homœopathic ranks, and he always reposed in him the greatest confidence. He said no one of us ever had occasion to doubt Dr. Clary's honesty, although he might at times diverge from strict homœopathy. Dr. Wells corroborated the facts stated in Dr. Miller's paper, as did also Dr. Schenck. Dr. Boyce had lived eight years with Dr. Clary, and he felt that all he was he owed to his venerated friend.

Dr. Miller then presented the following paper:

REMINISCENCES OF THE OLD AND OF THE NEW CENTRAL SOCIETIES.

At the last meeting, in my remarks, "Retrospective and Prospective," in relation to the Central Society I referred to this association. But there have been two Central Societies, the original and the new central. The original Central Society was organized at Utica in 1850, under the title of the "Homœopathic Medical Society of Central New York," whereas the title of the present association is the "Central New York Homœopathic Medical Society."

The former was designed to be a branch of the American Institute of Homœopathy, and its sessions were generally held in Utica. There were twenty-nine original members. For a time the association was active and flourishing. Dr. Kellogg was the first president and Dr. Clary was the second. The first Central Society made one important contribution to medical science. This was its valuable proving of *Apis mellifica*. In 1851 Drs. Bishop, Humphreys and Munger were appointed a committee to receive and report provings of this remedy. In these provings many members participated. An extensive proving was the result, and many interesting verifications were reported. According to these clinical reports the society performed many splendid cures with *Apis*, which was in each case suggested by the provings. Cases of the following diseases were cured: Periodical headache, acute and chronic ophthalmia, quinsy, sore-throat, diarrhœas, gastro-enteritis, gonitis, ovarian tumors, ascites, anasarca, right-sided hemiplegia, intermittent fever, facial erysipelas, urticaria, etc. The society, though at first a very promising one, existed only a few years.

The present Central Society was organized some years after the former ceased to exist. It includes many of the same members, but it occupies more territory. Its principal originators were Drs. Boyce, Stow, and Morgan. On account of

dissatisfaction with the management of the State Society, it was proposed to organize an independent and truly homœopathic society in Central New York, where it was supposed that plenty of material existed. The design was at first to include only genuine and progressive homœopathists, but finally all grades were invited to participate in the proceedings. By mistake the preliminary meeting was called at the same time and place as the annual meeting of the Onondaga Homœopathic Society. Of the eleven presidents elected, two, Drs. Clary and Potter, are deceased. Only two honorary members have been elected, Professor A. R. Morgan, and Professor J. H. P. Frost now deceased.

The Secretary read the following case :

A CASE OF MENORRHAGIA.

BY R. R. GREGG, M.D.

1876, July 24. A lady, 42 years old, the mother of six living children, having light complexion, blue eyes and light hair, was taken with profuse menorrhagia, attended with great pallor, cold perspiration and frequently repeated faintings. Gave China¹⁴⁰⁰, one dose. Within fifteen minutes it relieved the fainting and controlled hæmorrhage, a good afternoon and comfortable night following. Next day at same hour, about 11 A.M., was sent for on account of recurrence of the hæmorrhage. Repeated China then without effect; then Ipec., Bell., Plat., all without effect. There was greater exhaustion than the day before. She was at times pulseless. The extremities up to the body were cold, and for two or three hours there were successive spells of faintness. The blood consisted mostly of loosely-formed black clots, but there was no evidence of abortion. A single dose of each remedy, Jenichen, high, was used. After giving one remedy and waiting from one to two hours each time without success, another remedy was selected until several remedies were given. Finally, I was compelled to use the tampon. This appeared to control the hæmorrhage mechanically, and the patient had a passable night afterwards. The next day, at precisely the same hour, the hæmorrhage recurred, notwithstanding the tampon remained *in situ*, the vagina being completely packed.

During the afternoon various remedies were tried without much apparent effect, and the patient was not expected to live from hour to hour. But finally a feeble reaction set in that carried her through the night and through the next day with-

out a recurrence of the hæmorrhage. In the evening, as disorganization of the sanguineous fluid contained in the vagina was very apparent, the tampon was removed without hæmorrhage. Strict orders were given for perfect quiet, but instead of this, after I left, her bedding and clothing were changed, which immediately brought on profuse hæmorrhage. Upon arriving in the evening I removed the clots. Upon examination, I found where the clots were broken there were little strings of clotted blood extending from three or four to six inches from the broken surfaces. The tampon was renewed and *Crocus sat.*^m one dose, was administered, which arrested the hæmorrhage at once, for afterwards, when the tampon was removed, there was no clots of blood in the vagina.

The patient was a consumptive subject, and fear was entertained of a cough arising as soon as reaction was established, tending to quick consumption.

Three days afterwards a very severe dry cough commenced in the evening between 6 and 7 P.M., greatly aggravated by the least effort to turn to the left side. This state of things continued most of that night, and the next evening recurred in even greater intensity, when one dose of Puls.^{2m} was administered which, in 10 or 15 minutes, arrested the cough entirely and completely cured the patient without any more medication.

BRONCHITIS WITH PROFUSE URINE.—SULPH. AND CALC.

BY DR. SPOONER.

Miss I——, a young lady 23 years of age, of nervo-bilious temperament, with a general cachectic appearance, had had a severe chronic cough for about six months, so severe and continuous that it was commonly supposed to be a confirmed case of consumption.

Her cough was at times loose, at others dry. Loose cough, with soreness of the chest and expectoration of thick mucus. Dry cough at night; cough early in the morning, with thick yellow discharge. Face and lips pale, white, furred tongue, loss of appetite, gradual failure of strength and emaciation. Menses appeared too soon and lasted too long, with an excessive flow—pale menses. But one of the most characteristic symptoms of this patient was an excessive flow of pale urine during the night, with intense thirst and dry tongue and mouth. She would frequently pass four quarts of urine during the night, but not an unusual quantity during the day. Cold feet.

The above imperfectly-described case (I did not keep a record of it at the time) was effectually and permanently cured, within four weeks after commencement of treatment, with Sulphur and Calcarea 30.

I began the treatment with a few doses of Sulphur three times a day, following with Calcarea, administered the same as Sulphur but continued longer.

The patient soon began to mend, her face showed more color and the cough began to improve, together with every other symptom, particularly the urine, which became normal in quantity and quality. Dryness of mouth and tongue disappeared. Whereupon I gave Sac. lac. three times a day until I discharged the patient cured.

Dr. Spooner reported cases of Opium poisoning cured by Nux vomica. In one case of Opium poisoning tincture of Nux vomica was injected subcutaneously by an allopath with success.

DISCUSSION.

Dr. Boyce. Nux antidotes Opium, yet Opium acts primarily upon the brain and Nux upon the spinal cord.

Dr. Hawley. Medicines are absorbed on the tongue and they affect the whole organism. The fact that Nux antidotes Opium proves that the former acts elsewhere besides upon the spinal cord. He thought it was going too far to say that Nux acts primarily upon the spinal cord. Yet we may not be able to discern other and previous effects.

Dr. Doane. The action of remedies upon the organism is to some extent an enigma. Medicine is not an exact science, but a science of experience and discovery. One case proves nothing, but we derive a general rule from a multitude of cases.

Dr. Doane then read a paper entitled "Would I Treat a Disease by Name?"

(To be concluded in December.)

EDITORIAL NOTES.

"DISTILLED EXTRACT OF WITCH HAZEL."—A correspondent wishes to know in what way, what cases, and why, this preparation is superior to our mother tincture (*θ*) of Hamamelis, and what strength of it is used. Will some of our readers answer these important questions?

HOMOEOPATHY IN ENGLAND.—An esteemed English correspondent writes us that a vigorous effort will be made to establish an English homoeopathic school, and although the attempt thus far has succeeded in arousing very considerable aristocratic and class interests against the

movement, those who have the matter in hand intend to succeed. If the British homœopathists could but be fully impressed with a knowledge of the value of hospitals and colleges in making converts to homœopathy, especially amongst physicians, they would move as a unit in the work of establishing the British Homœopathic School, and doubtless with irresistible force. The days when Quin was summoned to examination by the Royal College of Physicians, when Henderson was expelled from his professorship, when Pope was refused his diploma by the University of Edinburgh, and when the antics of the old school in the opposition to homœopathy brought down upon them the denunciation of such men as Sir William Hamilton and Archbishop Whately, are probably forever passed away; and though the allopaths of to-day do not like homœopathy a bit more than their predecessors did, they have lost their power to a large extent—"lost their grip," to speak in homely but more expressive terms; and the liberalism of Hamilton and Whately will find an abundance of imitation, if there be any attempted oppression to call it forth. While we are willing to admit that as an American we may be unable to fully comprehend the situation in England; yet from a careful study of the subject as it has been recently presented in the British homœopathic journals, we have arrived at the conclusion that the chief element of success in the effort to establish a homœopathic college in England will lie in a united effort on the part of British homœopathies—"a long pull, and a strong pull, and a pull altogether."

THE HOMŒOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA had a very pleasant and profitable session in Harrisburg, on the 27th and 28th of September last, at which a large number of valuable papers were read, some of which elicited considerable discussion. Of these papers the best will appear from time to time in the columns of this journal. We present in this number a proving of *Natrum phosphoricum*, presented at the preceding annual meeting of the Society; a very valuable paper on *Dementia Paralytica*, by Professor Lilienthal, of New York, and commence the publication of a proving of "*Natrum Arsenicum*" (Arseniate of Soda), by the *Materia Medica Club* of Alleghany, Pa., the provings having been arranged by Dr. J. F. Cooper, of Alleghany. We call especial attention to this proving, as it introduces a very valuable agent, and one that we believe will have an extensive use. It will be published as a supplement to this journal, running probably through several months, and will be paged separately, so that it may be detached and made into a pamphlet for ready use.

THE HAHNEMANNIAN MONTHLY is regarded by the *British Journal of Homœopathy* as rising in importance, and one of the best homœopathic monthlies. It gives us great pleasure to inform our readers that we have in hand a large quantity of valuable "copy," which it is intended shall be placed before them in good shape from time to time. Among other valuable papers for the December number we may make special mention of an essay on the *Therapeutics of Suppurative Inflammation of the Middle Ear*, by Professor Henry C. Houghton, of New York, who, every one will be glad to know, is rapidly regaining his lost health. This paper by this distinguished specialist will doubtless be very gladly received by our readers.

This flood of valuable contributions happily relieves us from editorial labors in the getting up of "Editorial Notes" and "Publications Received," and admits of every leisure moment being given to making up the *Transactions of the World's Homœopathic Convention* of 1876, of which Volume II is rapidly going through the press, while Volume I is far advanced in its preparation for the printer.

THE HAHNEMANNIAN MONTHLY.

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Philadelphia, December, 1876.

No. 5.

THERAPEUTICS OF SUPPURATIVE INFLAMMATION OF THE MIDDLE EAR.

BY HENRY C. HOUGHTON, M.D.

AT the time that the *materia medica* was first studied under the master's direction, the anatomy of the ear was little understood, and the terms then used still cling to our literature; so that even our latest provings are far from the exactness of statement that is desirable. This need be so no longer. It is not difficult to separate in one's mind the action of drugs upon either of the divisions of the ear; and I trust the time is past when argument is needed to prove the value of exact knowledge in contrast with hypothesis.

It has afforded me great satisfaction to find, year by year, objective and subjective symptoms fixed in their relations, thereby enabling me to give a more clear, satisfactory diagnosis, as well as helping me to the prognosis. It has therefore been my purpose, in writing this article, to give some confirmations and comparisons of the remedies indicated in this disease.

ACONITE.—Of value at the beginning of the acute form or less frequently in those acute attacks complicating the chronic form, when cold or maltreatment has suppressed the flow of pus. The pain is tearing, stitching, increasing steadily in force, causing cries of anguish; intolerance of noise; the face flushed and hot. Patient restless and thirsty; burning heat, with chills running up the body. In the acute form, the *meatus externus* is red, sometimes thickened and dry; the *membrana tympani* also dry and red, almost copper colored; the minute vessels engorged and throbbing. Aconite acts with

magic promptness here, often in one-half hour giving entire relief, but requires other remedies to guard against remote results.

ARNICA.—Of first importance in cases of *traumatic origin*, blows, explosions, unequal pressure of the air, etc., when the traumatic lesion threatens a severe suppuration. The pain is tearing, pressing, deep, with internal heat extending to the mastoid region; with the pain, impatience and sensitiveness to noise. The meatus externus normal; the membrana tympani reddened, but by large vessels rather than capillary. In traumatic cases the congestion and ecchymoses are usually more marked at the upper half of the membrane.

AURUM.—Caries of mastoid process. The subjective symptoms, so far as the ear is concerned, are decidedly negative, but the general ones make the choice between this remedy and Fluoric ac., Nit. ac. and Silicea, easy. Pain like a bruise, or as if pulled, worse at night, by uncovering and at rest; better by motion, by waking, and, while sensitive to cold, yet is relieved by going into the open air, even in bad weather. The tissues of the meatus externus are bathed by a fetid pus, the odor being characteristic of necrosed bone. The membrana tympani is usually perforated; the ossicula more or less disintegrated and thrown off. Often the ossaceous middle ear is denuded, sinuses connecting the canal with the fistular opening upon the external surface of the mastoid process.

BARYTA.—Although this remedy is mentioned under the term otorrhœa, my conviction is that it is homœopathic to lesions external to the membrana tympani, and especially to the structures of the pharynx, thus involving the Eustachian tube.

BELLADONNA.—Indicated in acute suppurative form, with sticking in and behind the ear; the pains are described as digging, boring and tearing, often coming and going suddenly. They extend to the throat, accompanied by ringing, buzzing and roaring. The patient is sensitive to light and noise; the face is red; the whole head hot and pulsating. The membrana tympani is not changed in position, but congested, the vessels covering the entire surface in papillary lines, reminding one of pannus.

BORAX.—Diseases of mucous membrane stitches in the ear which discharges, causing involuntary starting; lancinating headache; tickling sensations in the ear; itching and soreness. Children fret and cry and are easily frightened. (Bell men-

tions fear of downward motion or rocking in children as characteristic. I am inclined to believe it true in acute suppurative inflammation of the middle ear.) Ear hot; meatus externus swollen; discharges more mucus than pus.

CALCAREA.—In chronic rather than acute form. Scrofulous subjects, fat, rapidly growing, large-headed, soft-boned children. Adults who in youth were vigorous but now fail, with low power of assimilation. Great weakness, dejection, sensitiveness to cold, damp air. The pains about the head are pressing or pulsating, often semi-lateral; coldness of the head; sweat on the head evenings. The pain in the ear is also beating, with knocking, buzzing and roaring. Detonations in ears; meatus externus filled with whitish, pappy, fetid pus, or viscid discharge. Membrana tympani perforated, and often the edges covered with granulations which extend to the walls of the meatus externus; occasionally these enlarge to form polypi, usually of the mucous (raspberry) variety. I have found these exuberant granulations to yield more promptly to the Calc. jod. than the Calc. carb. If the growth is large, mechanical removal will relieve symptoms caused by pressure, but it does not prevent the rapid renewal. Silicea should follow the Calcarea after the ulceration assumes an indolent type.

CAPSICUM.—In chronic suppuration, in adults especially. The pains in and about the ear are acute, shooting, pressing, with bursting headache, great thirst, with chilliness and shiverings.

In February, 1872, Dr. T. F. Allen called my attention to the special symptoms: "On the petrous bone, behind the ear, a swelling painful to the touch."

In April, 1873, I published in the "Ophthalmic Hospital Report" for the *New York Journal of Homœopathy*, cases showing its value. Two years have added many cases to our list of cures. The typical are those in which acute symptoms occur in chronic cases; the mastoid cells become involved, and their dense structure yields slowly, hence the danger of cerebral trouble, as the diploe of the temporal bone above threatens to give way before the petrous portion below and behind. In children, the mastoid cells break down with comparative ease, and Hepar hastens the relief when the case has advanced far before Capsicum is used. In some cases, the swelling behind the ear has been very great; the auricle turned almost to a right angle with the side of the head; the meatus externus closed almost entirely; the pus yellow, flowing

quite freely, and not specially offensive. In every case the membrana tympani was perforated.

CARBO ANIMALIS and CARBO VEG. are found in our repertories as remedies for otorrhœa, and one writer says suppurative inflammation of the middle ear. Thus far all the cured cases seen at the clinic and in my private practice were those where the lesion was external to the membrana tympani. In looking for cured cases reported in the journals and year-books I have not found a case which leads me to expect the action on the middle ear.

CAUSTICUM.—The most brilliant cures from this remedy have been in non-suppurative disease of the middle ear (proliferous), yet it is indicated in suppurative cases, especially in those in which the facial branch of the seventh pair of cranial nerves is involved. It has never been my good fortune to see suppuration cease under its use, although the complicating facial paralysis was relieved. The indications are to be sought in the symptoms of the head and face.

CHAMOMILLA.—The same is true of this remedy as of the foregoing one. Its triumphs are with non-suppurative cases, otalgia and catarrhal inflammation, yet the debatable ground where catarrh ends and suppuration begins is one where dividing lines are drawn with difficulty. In acute inflammation, when patients are excessively prostrated by shooting, drawing pains, of which they become perfectly intolerant, Cham. is the remedy par excellence. The forehead is hot but moist, the cheeks red and burning or alternately one cheek hot the other cold and pale; the same local alternation of heat and cold is often noticed in other parts of the body, with shuddering. The auricle is usually hot and red, the meatus red but not swollen; membrana tympani less congested than one would expect when the severity of the pain is considered. Under Chamomilla the relief is often as sudden as the suffering has been intense, but I have noticed that the congestion of the membrana tympani remains longer than when Bell., Gels., or Hepar was indicated.

CICUTA.—In hæmorrhage occurring where the tissues of the tympanum have suffered from prolonged suppuration China has been the only remedy which has afforded me any satisfaction. Cicuta is mentioned in all our repertories, but in only one instance was it effective, and then only temporarily.

ELAPS.—Chronic suppuration complicated with chronic

naso-pharyngeal catarrh; offensive discharge from the nose; the posterior wall of the pharynx dry, mucous membrane fissured or covered with crusts, which leave a raw surface when removed; nasal passages filled with similar crusts, causing "snuffles," pain from root of nose to forehead, dull pain from nares to ears; when swallowing pain goes to ears; deafness, offensive discharge from ear yellowish-green, which stains linen green, with buzzing; skin dry and hot; frontal and occipital headache, described as congestive and lancinating, worse by motion and stooping. Of great value for nasal catarrh in children; they are compelled to sleep with the mouth open on account of nasal obstruction,—“snuffles,” mothers term the condition.

GELSEMIUM.—At the beginning of acute form; associated in the mind with Acon., Bell. and Cham. In catarrhal subjects after cold in the head, closure of the Eustachian tube; tense, dull, bound, giddy sensation in the head, with chilliness; thirst not excessive, as in Acon. and Bell.; pulse rather slow; stupor and drowsiness rather than restlessness. Gelsemium is especially applicable to catarrhal inflammation, but the same may be said for it as regards prophylaxis as has been said concerning Cham.

GRAPHITES.—Deafness; excoriation behind the ears; meatus externus dry, scabs, or oozing of water and pus, or blood; sensation as of a valve opening and closing in the ear; roaring and detonation; cracking in ear when swallowing. The above are the leading symptoms of this remedy. They are suggestive of lesions of the Eustachian tube, of the external meatus and auricles. In every case in which discharge existed, cured under my observation, the membrana tympani was intact; and the same is true of cases reported by Rückert and others in the year-books.

HEPAR.—In acute as well as chronic form; drawing, tearing, stitching pains, worse at night and in cold air; soreness of surface in spots, very sensitive to touch; skin ulcerates from slight injury; itching in the ears; scabs behind the ears; discharge not specially fetid; walls of meatus externus and membrana tympani very sensitive to touch; the ulcerated surface often covered with white shreds, which are removed with difficulty.

KALI BICHROM.—In chronic suppuration. The pains are pricking, sticking, lancinating in character; come and go quickly and change location suddenly; the ulceration in the

ear (membrana tympani and inner portion of the middle ear) causes an itching-burning, with stitches up into the head and down into the neck. The discharge is yellow, rather thick in consistency, often mixed with tenacious stringy mucus, which can be drawn through the perforations in the membrana tympani. The pains are mitigated by heat, but the authorities state that general conditions are worse in summer.

KALI CARB.—Local conditions somewhat the same, except the discharge, which is thin. The selection must be based on the general symptoms of the patient.

LYCOPodium.—For scrofulous subjects, those who suffer from eruptions, from abdominal troubles, and sequelæ of scarlet fever. Hence, used in chronic suppuration. The subjective symptoms are meagre. The meatus externus is excoriated by an offensive discharge, which is not uniform in consistency. The tissues of the membrana tympani are largely destroyed. Of great value as an intercurrent remedy.

MERCURIUS.—In acute as well as chronic suppuration, the metal or the soluble preparation is more frequently indicated than any other remedy. In the acute form the pains are deep-seated, tearing, or shooting, extending to the malar or the inferior maxillary bone; sometimes they are spasmodic, causing sudden movements of the patient; they are aggravated evenings till midnight, by warmth, particularly in bed; the pain abates toward morning, and frequently entirely ceases till toward the next evening; the thirst is less during the severe pain than when it abates; the perspiration is profuse, without relief of the suffering. In the chronic form, Merc. is frequently indicated by enlarged and sensitive cervical glands, results of sudden cold; also by occasional tearing pain during the continuous flow of pus; the pus is fetid, whitish or tinged with blood. The membrana tympani is broken down to a very great degree, and often repairs very promptly even in cases where the perforation has existed for months. Merc. dulcis has special action on the Eustachian tube and mucous membrane of the pharynx.

NITRIC ACID.—In ulceration or caries of the ossicula or mastoid process, the remote results of syphilis or abuse of mercury. Shooting pains; sensitiveness of the bones, aggravated by every change of temperature, at night, on washing, on rising from a seat, and by touch. (See Aurum.) Better while riding in a carriage. Fluoric acid has inclination to uncover and to wash with cold water. (See Silicea.) The discharge is thin and fetid, as in all cases of caries.

PULSATILLA.—More frequently indicated in acute suppuration than any other remedy. In chronic trouble the results have not met my early anticipations. The local pains are from within outward, sharp, shooting, or tingling, from a moderate degree increasing gradually to intense, ending suddenly only to increase steadily after a brief time. The general condition of the patient is of marked character: suffering from shifting pains, which pass suddenly from one part to another; aggravated at evening, by heat or close room, when seated, or on rising if one has been long seated; also by repose if lying on the side, yet ameliorated by either motion or rest, so that a change of position is the result. Movement, walking, warmth and open air relieve some symptoms but aggravate others. Contradiction in many senses is symptomatic of these patients relieved by Puls. Fever without thirst is characteristic.

The external ear is sensitive; meatus externus red and swollen; profuse discharge of thin pus, or pus and mucus; this removed shows in recent cases phlyctenular inflammation, or later, thickening and separation of derma, or still later, ulceration and perforation. These conditions are found more usually in children, and correspond to phlyctenular conjunctivitis.

PSORINUM.—A remedy closely allied to Sulphur. Bell says: "Whether derived from purest gold or purest filth, our gratitude for its excellent services forbids us to inquire or care" (Bell on *Diarrhœa and Dysentery*, 1869). In chronic suppuration the symptoms remain the same after Sulphur has been given. Tinea capitis; scabs over fetid ulcers on and behind the ears; meatus externus scabby; discharge yellow and fetid; excessive itching in the ears; child can hardly be kept from picking or boring in the meatus.

SILICEA.—In chronic suppuration, ulceration in cachectic subjects or those who have been dosed with mercury. In caries or necrosis, etc. Pain of a drawing, shooting nature, coming on or worse at night, aggravated by change of weather or by movement; worse after being long seated. Sensitiveness to cold air; the patient keeps wrapped up, even in the room. Pains in the head, shooting from nape of the neck to vertex or eyebrows. Pains of same nature in ears from within outwards. Meatus externus usually dry at outer portion, ulcers internally, and membrana tympani ulcerated; deep ulcers covered with scabs, discharging but little. The theoretical relations of Silicea to the periosteum would lead us to ex-

pect curative action on the middle layer of the membrana tympani (substantia propria), and clinical results do not disappoint us. It has been my view, that more repairs of the membrane, in chronic disease, occur under the use of Silicea than under any other single remedy.

SULPHUR.—It is undoubtedly true that he who has not studied the general and special symptoms of this remedy has yet to learn his first lessons; yet he who prescribes it for every patient, because "Sulphur will do him good on general principles," has to learn his second lesson, viz., look for indications. Although Sulphur may be indicated on general principles, yet the local symptoms in ear diseases are less numerous than for the last remedy mentioned. Itching in the ear; drawing or shooting pains in the ears; discharge of pus, stinking, the ulcers in middle ear or on membrana tympani crusty, with tense, pulsating sensation.

TELLURIUM.—We are indebted to Carroll Dunham, M.D., for the clear and full indications of this remedy. "Itching and swelling (left ear), with painful throbbing in the external meatus; after three or four days a discharge of a watery fluid, smelling like fish pickle, which causes a vesicular eruption upon the external ear and the neck, wherever it touches the skin; the ear bluish-red, as if infiltrated with water; hearing impaired." Tellurium has not failed in a single instance to promptly cure a very large number of cases, occurring in children, with the above symptoms. In all the cases where examinations of the membrana tympani was possible, a condition similar to that described under Pulsatilla was found, a vesicular eruption, followed by ulceration, followed by perforation, unless arrested before the middle layer is destroyed, as it is well known that the mucous membrane yields very readily. If Dr. Dunham had not suffered under the proving of Tellurium to the extent he did, we should have been without the complete similimum of this condition.

THUJA.—The special indication for this remedy is the discharge, "smelling like putrid meat." Clinically it has cured granulations in the middle ear similar to condylomata.

NOTE.—Since writing the above, I have had an opportunity to examine Dr. Dunham's case, and find that the structure of the membrana tympani presents a scarred and retracted condition, evidence of a more serious form of suppurative otitis media; this warrants our expectation of even wider range of action.

QUARTERLY MEETING OF THE CENTRAL NEW YORK
HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY H. V. MILLER, M.D., SECRETARY, AND E. B. SQUIER, M.D., ASST. SECRETARY.

(Concluded from page 207.)

WOULD I TREAT A DISEASE BY NAME?

BY WILLIAM C. DOANE, M.D.

CERTAINLY not if it was wrongly named. Certainly I would if it was named aright, and I could in that easy way cure the patient.

In my opinion remedies are only curative by virtue of their similar powers, and cures are only effected by drugs which will produce upon the healthy organism sensations and pathological changes similar to those developed by the disease for which they are selected.

Whilst it is true that the same pathological conditions do not always produce the same sensations or symptoms, it is equally true in a much greater degree of the uniform action of medicinal agents upon the economy; hence we infer that a drug prescribed according to its known power in the production of absolute changes, would be far more certain in its effects than when its utility was based on the deceptive conditions of sensation only, which might be influenced by a thousand agents within and without.

Under the operation of a certain stimulant one man becomes stupid, another wild; one witty, another silly; one docile, another vicious; one may sing, another dance; one pray, another swear; one becomes a coward, another a fighter; one is prudent, another rushes into danger, etc. They have all drank from the same bottle and all will become perfectly normal when they are again free from the exciting cause which was the same in each case, and which might require the same means in all cases to produce restoration if there is any logic or philosophy in the relations existing between cause and effect; and until this diversity of effects can be fully accounted for and comprehended, no system of therapeutics can take rank strictly among the sciences, but must rely upon experience and experiment to a great extent, no matter from what source obtained. We talk of being guided only by the symptoms of a disease in our selection of a remedy, and denounce the idea of pathology; the latter is unwise and the former impossible, for there is such an infinite diversity of symptoms

that to give a different remedy for each would exhaust the entire *Materia Medica* before the wants of a single township could be met; in fact, such are the complications and combinations and conditions of the human system representing in itself the forms, forces and powers of the universe, each system subject to different agents, influences and impressions, that to meet each in its detailed wants as manifested by sensations or symptoms, each would require a special and separate *Materia Medica* that could not be completed until death closed the conflict that is waged from the cradle to the grave.

Say what we will, we are forced to the adoption of some general system which shows far greater advance than a firm adhesion to a single dogma, and he will succeed best who is able to select a remedy the most analogous to the entire case, keeping in view the symptoms which indicate the pathological condition of the diseased organism. To shut the door of pathology is to bring odium upon the profession, for it opens every avenue to the illiterate and uneducated who think they can collect symptoms from their patients' mouths as well as the accomplished and cultivated student.

Is it proper to prescribe for disease by name? We will suppose that we meet a case of *Coxarum morbus*, and we determine beyond dispute that it is the product of a scrofulous condition of the system; our patient complains of intense pain in the knee, which he cannot stir or bend without intolerable suffering, and the joint is so tender that the slightest touch cannot be endured. Would the judicious, clear-headed man direct his treatment to the complaining knee, which can only be said to be sorry for the diseased hip, or would he without delay take into account the pathological situation and administer accordingly, and allow the knee to recover when its sympathy was no longer needed?

If you desire to capture an enemy do not waste time and ammunition by aiming your artillery at some deserted tenelement which only echoes your danger, but mass all your forces, and with the utmost despatch hasten to the entrenchments, spike his cannon, and the echo will stop itself. If this is impossible, if the fortress is hidden and impregnable, you must either abandon the enterprise or fight in detachments at every opportunity, and in this way if you have sufficient men and means you may wear him out, and at length overcome him. So in disease, if, as is often the case, the morbid conditions cannot be fathomed, the next best thing is to combat the

symptoms or fight the foe in detail, and trust to good fortune and endurance for a final surrender.

Would I treat a disease by name? That would depend upon circumstances. If Mr. Brown demanded it I would advise him to wear brown, but I would insist that Mr. Linen put on furs and mittens when the thermometer stood at thirty degrees below zero. Miss White I would dress in black if her aunt died recently, and upon Miss Black I would suggest white and orange blossoms at her wedding. They should all have some kind of clothing adapted to their circumstance and in keeping with their sex, which would be determined to a very great extent by their names.

We all admit that certain drugs have a range of action that is peculiar to *them*; some act upon the brain, some the arteries, some the spinal cord, some the nerves, others the stomach, the liver, kidneys or lungs. How came we to know these facts? I reply, we obtained the most certain knowledge of the action of drugs by observing the effects or symptoms produced upon the healthy economy, and by the morbid changes that follows the introduction of the drug into the system.

Suppose a drug is tested and it produces all the indications of some definite organic disease. Let death ensue and a post-mortem examination reveal the anticipated changes of the suspected viscus. This would afford us certain knowledge that we were correct and had made a wise and judicious decision, and in accordance with our law of cure if we prescribed the drug in question for a disease of the organs in which the pathological effects were found. Now reverse the facts and let the post-mortem show a grave disease of an unexpected organ, and then no homœopath, unless he had more respect for fiction than fact, would persist in the administration of the doubtful remedy longer upon the ground of symptoms, sensations, temperament, complexion or peculiar characteristics.

I am asked if I have any regard for symptoms or for particular symptoms? Most certainly I have, and no doubt many are as unmistakable as any pathological change could be, but many are delusive and may mislead us. For example, as I am seated by my window, I hear the song of a robin, the familiar whistle of the cuckoo, the sharp notes of the canary, the peeping of chickens, and the next moment a child cries, a man with coarse voice calls the dog, another the cat, and then a boy swears. I look outside to ascertain what so much noise is

about, and to my surprise nothing and no one is to be seen except a mocking-bird and a parrot, and I have been cheated by the simple birds in spite of all my boasted knowledge with which the lords of creation are crowned.

Yonder we see a footprint in the sand, and we are sure a man made it. Here we have a certain symptom or indication of the presence of a material being, a "keynote," for we know a man disturbed and disarranged the particles before us, and the impress we gaze upon is not the man that the officer of the law is after, but it is an indication, circumstance or clue that may lead to his arrest.

Symptoms might be denominated the finger-boards of the vast variety of diseases which attack the complex and complicated machinery of the human system, and should be examined with care and credited with the utmost caution, and by every appliance within our grasp proven not to be uncertain sounds calculated to mislead us, because the stakes for which we are playing are nothing less than life.

Indigestible substances taken into the stomach may produce no effect that we can discover except an irregular action of the heart, and the same thing may occur from disease of the uterus or suppression of the menstrual flow. When we ascertain these facts it is clearly our duty to direct our efforts accordingly, and the heart will take care of itself. Such at least would be the policy I would adopt, and in so acting I should think that I was both a homœopath and a physician. If I acted otherwise I would think it but trifling with a matter of serious magnitude. A person may from derangement of the stomach, obstruction of the circulation, or disturbance of the sexual organs, exhibit a set of symptoms indicating disease of the brain, and almost entirely concealing the true source and location of the trouble. Now, if we are only to treat the symptoms of a given case, why waste time that might have been occupied in study or sport by foolishly laboring to learn the habits of life and all the particular circumstance that surround the patient? I answer it is done to satisfy ourselves of the source of trouble and the morbid changes produced in the organism, so that we can apply the remedy to the supposed pathological condition; so that after all we cannot avoid the selecting of remedies upon pathology as well as symptoms. Let us try to improve upon the old-school in honor and fairness; they turn up their noses at our remedies, and then without a blush make use of them. Do not let us ignore the

pathological gems they have unearthed, but still cling to them in our therapeutics, diagnosis and prognosis.

When we look the ground over with care and in the light of reason and logic we must find that the symptoms are but the shadows of the substance. The weather-vane shows us the current of the air, but it is not the wind or any part of it. We see one weep or laugh, and do not hesitate to believe that they have seen, heard or felt something painful or pleasant, but we never mourn or rejoice with them until we come in contact with the sources of excitement, or accept as true their version of the same, which becomes to us a reality. Mankind are instinctively in search of fact not theory, substance not shadow, truth and not fiction; a fire painted on ice would look well to a man perishing from cold, but it would never warm him. There is but little comfort in a stove without fuel, and but little satisfaction in a group of symptoms devoid of meaning.

The truth of the whole matter in my opinion is, that the old school has in the past few hundred years made important discoveries concerning the morbid conditions developed by many diseases, and are entitled to great credit for their labor, toil and research, all of which has been given to the world, and is property in common to all; and it is fair, honorable, and just to all medical men, and a duty they owe to those who intrust them with their lives, that they avail themselves of the accumulated knowledge of the centuries as far as possible, and make use of every and all means to prolong human life and mitigate human suffering, rather than through prejudice hazard the best interests of mankind to maintain some darling theory.

We are all by nature as well as education proud, unjust and arrogant without effort or intention, and the old school, proud of its victories, has relied exclusively upon pathological conditions and sadly neglected the study of therapeutics, and derided the idea of ascertaining the action of medicines upon healthy organs and tissues and then applying them to eradicate disease upon the scientific principles of homœopathy; and on the other hand the new school, infatuated with the brilliant discoveries of Hahnemann and his followers, have hastily concluded that the whole of medical knowledge was embodied in an understanding of therapeutics.

It is beyond question that homœopathy has made to the profession the greatest contribution of the ages; so great that

we have become bigoted and ready to push everything else aside and deny that any good thing could come out of the old school; and the result is that the two schools have been arrayed against each other until they have both become extremely sectarian and narrow in their views, contending for a theory at the public expense when they both need facts for the general good. It is unwise to say to the hand or foot or eye, I have no need of thee; it is far better to have all the members intact and thus complete and perfect the man. So in medicine: give us the aids of experience, symptoms, therapeutics and pathology, and let us strive to become physicians in fact as well as form, and so impress upon all men the philosophical and logical truths of homœopathy based upon the most certain conclusions and conditions and not on fancy or feeling only, and then we can look forward and with reason anticipate the triumphant period when medical sectarianism will be unknown, when passion and prejudice will be supplanted by reason and theory vacate her position for truth. Then homœopathy will be able to exult in her conquests and glory in her triumphs, for the scientific and learned of earth will crown her with immortal honors, and the pride of her record and the glory of her triumph will be that she linked therapeutics to pathology by an indissoluble chain and in that way elevated the standard of a true medical education.

Discussion.

Dr. Hawley was much interested in Dr. Doane's paper. In *morbis Coxarius* he said the Doctor would not prescribe for the knee-pain, yet this is one of the diagnostic indications of hip disease when there is no disease located in the knee. Neither Dr. Doane nor any other homœopathist would prescribe for the hip disease simply from the name, but he would study the symptoms and select his remedy accordingly, just the same as in consumption or any other disease.

Dr. Doane thought homœopathists were apt to neglect pathology. Drugs cure because they correspond to pathological conditions, not on account of keynotes.

Dr. Boyce. How do you judge of pathological conditions? Do you judge by symptoms, or must you make a post-mortem examination?

Dr. Doane. I judge by the symptoms.

Dr. Boyce. Then what more do you want than to get the symptoms? I know of no other mode of prescribing than by symptoms, which explain the pathology.

Dr. Doane. It is not necessary to dissect a patient before making a prescription. For instance, the pathological conditions of typhoid fever are now well known, and we can prescribe according to those conditions. It is difficult to distinguish the rectal and buccal symptoms of Mercury from those of dysentery or cancrum oris, and Mercury is the remedy for these complaints.

Dr. Hawley. But we have other drugs that cure these complaints. In dysenteric inflammation of the colon or rectum there may be no bloody discharge, and then you would not prescribe Mercury. You must prescribe for dysentery according to the case.

Dr. Boyce. Are all of your typhoid fever cases alike?

Dr. Doane. Certainly not.

Dr. Boyce. A case may be worse at night with great debility, restlessness and uneasiness, dry and cracked tongue, thirst, but drinking little at a time.

In another case there is very dry mouth; the tongue can hardly be protruded; restlessness, and sleeping but little at a time, but awaking with aggravation of all the symptoms. There is ulceration of Peyer's glands. You do not always prescribe the same remedy nor prescribe it *simply because* the case is *typhoid fever*. In the one case you prescribe Arsenicum and in the other Lachesis.

Dr. Doane said he depended upon Aconite to reduce the inflammatory condition of Peyer's glands.

Dr. Hawley did not find in this disease the indications for Aconite.

Dr. Miller. According to Allen's *Encyclopedia* and Hughes's *Pharmacodynamics* Aconite does not cause or cure inflammation and ulceration of Peyer's glands, nor inflammation of the mucous membrane of the small intestines.

Dr. Doane did not think Aconite produced inflammation of Peyer's glands, but he prescribed it in typhoid fever for the general inflammatory condition.

Dr. Miller could not see much pathology in prescribing Aconite for every form and variety of fever except intermittents. Aconite bears no pathological relation to typhoid fever with its hypertrophied spleen and ulceration of Peyer's glands. Arsenicum, Bryonia, Rhus tox. and Baptisia are far more appropriate.

Dr. Boyce. Does Dr. Doane believe in the homœopathic law of cure?

Dr. Doane. I do.

Dr. Boyce. I move that Dr. Doane be requested by the Society to investigate cases of Aconite poisoning and report at the next meeting what pathological changes this drug is known to produce.

The Society unanimously voted to request Dr. Doane to act as such committee.

Dr. Doane. I accept the position.

LYCOPODIUM.

BY L. B. WELLS, M.D.

This is one of the most important remedies of the antipsoric class, especially in chronic forms of disease, and in one form of acute disease, viz., pneumonia of the right lung. It may be truly said of Lycop., that the right side of the body is the *characteristic region* for this remedy, in connection of course with the appropriate symptoms. Mr. C., aged 40, had pneumonia, right side, with extensive infiltration in the air-cells, so that respiration on that side was wanting. After Aconite, and then Bryonia (expectoration of reddish mucus), Sulphur, etc., the case was for several days at a standstill, without any indications of improvement. Lycop. 30 was then given, with immediate improvement, which continued until the recovery was complete. This was some ten years since, and I have had experience in several cases since of its value in like attacks. In acute affections of the throat (right side), it is worthy of consideration. I might relate many cases in confirmation.

Hernia, right side. At our last meeting several interesting cases of recovery after its use were reported. I could add my own experience.

I have used many trusses, none of which under all circumstances would retain the gut. Having occasion to take Lycop. 200, for a chronic affection of the right side of the throat, it was noticeable that afterwards no protusion occurred although the same truss was continued.

Discussion.

Dr. Boyce. In a case of pneumonia that continued a week without improvement under other remedies, Lycopodium gave speedy relief and produced a good cure. The indication was a fan-like motion of the *alæ nasi*.

Dr. Hawley had been accustomed to regard brickdust

sediment in the urine as a prominent indication for *Lycopodium*. Another one is itching of the anus caused by *ascarides*. When this itching is troublesome he always succeeded in curing the complaint with four doses of *Lycopodium* 30, one a day. He got the hint from Teste's *Diseases of Children*. Teste recommends in such cases four doses of *Ipecac*, and then four doses of *Lycopodium*. But Dr. Hawley found that the *Lycopodium* alone did the business. He had thus cured many cases. Patients often came from a great distance to get his four powder prescription for this complaint.

Dr. Frye had a case of *ascarides* in which *Lycopodium* was suggested by the great flatulence of the patient as a concomitant. This remedy cured both complaints.

Dr. Frye read an interesting paper as follows:

ECZEMA IN CHILDREN.

BY M. M. FRYE, M.D., AUBURN, N. Y.

As eczema shows itself in various forms, authors do not agree in classifying and describing it. I will describe it as expressed by Tilbury Fox in his work on *Skin Diseases*. There can be no doubt that it is a very obstinate and severe disease. It generally commences as an acute attack and subsides into a chronic state which may last for years. Eczema is a moist eruption. It may be local or more or less general. It is excited by irritants to the skin. Commencing on the exposed parts, the face, anus, neck, on the back of hands and on the scalp, little clustering vesicles appear, about the size of a pin-head, in connection with slight redness, heat and itching. The contents of the vesicles presently get milky, the vesicles burst, and slight yellow crusts are formed.

The discharge then alters its character, becoming more acrid, the local signs of irritation are more marked, there are heat, itching, pain, swelling, excoriation and ulceration.

The secretions may be thin or purulent.

The parts especially affected are the scalp, buttocks, axillæ, ears and flexures of joints. The glands near are swollen. The child gets feverish, loses flesh, and marasmus may come on.

In lymphatic or debilitated subjects, such as we often find in institutions for children where many are together, there is more the pyogenetic habit and the secretion is more purulent. The discharge dries into greenish-yellow thick scabs and crusts, beneath which is a red and irritable surface. This

form of eczema is very common (35 per cent.), and is not as a rule general, but local, often confined to a limited surface, and especially affects the head. Often in this chronic form I have met the disease, and I have found the subjects to have a cachexia and conditions which makes Sulphur almost a specific, at least in 75 per cent. of the cases. In the remaining 25 per cent. of the cases I have used mostly Graph., Calc. and Cicuta.

In the treatment of a case conditions may arise by which some other remedy may be required, but I have seldom used any other remedy. In the earlier stages of this disease these remedies have been used with equal success.

The time required to cure these cases is from one to six months, generally two or three months. In institutions for children I have oftener found these cases, and about the only symptoms one can get here are objective, and what one must see for himself. To better show these cases and the result of treatment I report the following cases:

CASE 1.—L. T., aged 3 years, colored.

A thick yellowish crust, somewhat moist, covering over the whole scalp and matted in with the hair. The boy is not very strong, but plays about the room. The eruption has been on the head about one year.

January 10th, 1876. *Rx.* Sulph.³⁰, four powders, one a day.

January 17th, 1876. *Rx.* Sulph.³⁰, four powders, one a day; much better.

February 2d, 1876. *Rx.* Sulph.³⁰, four powders, one a day; much better.

February 14th, 1876. *Rx.* Sulph.³⁰, four powders, one a day; much better.

February 21st, 1876. The most of the crust has come from the scalp, leaving the surface looking healthy. Continue remedy.

February 29th, 1876. A dry, fine eruption on scalp. Continue remedy.

March 8th, 1876. A little of the fine eruption. Continue remedy.

March 13th, 1876. Well.

CASE 2.—H. S., aged 5 years.

On the back of the head a large thick crust, quite moist. The boy looks weak and pale, but plays about the room.

February 9th, 1876. *Rx.* Sulph.³⁰, four powders, one a day.

February 14th, 1876. *Rx.* Sulph.³⁰, four powders, one a day; better.

February 21st, 1876. *Rx.* Sulph.³⁰, four powders, one a day; better.

February 29th, 1876. *Rx.* Sulph.³⁰, four powders, one a day; better.

March 8th, 1876. Well.

CASE 3.—J. F., aged 5 years.

On left side of head, a thick, moist, greenish-yellow crust, covering nearly the whole side of the head. Has a tendency to suppurate, and has suppurated, leaving a large scar as the result. The eruption is of three or four years' standing, and has received treatment most of the time without any permanent benefit.

February 2d, 1876. *Rx.* Sulph.³⁰, four powders, one a day.

February 9th, 1876. *Rx.* Sulph.³⁰, four powders; improvement.

February 14th, 1876. *Rx.* Sulph.³⁰, four powders; improvement.

February 21st, 1876. *Rx.* Sulph.³⁰, four powders; improvement.

February 29th, 1876. *Rx.* Sulph.³⁰, four powders; improvement.

March 4th, 1876. *Rx.* Sulph.³⁰, four powders; improvement.

March 13th, 1876. *Rx.* Sulph.³⁰, four powders; improvement.

March 24th, 1876. *Rx.* Sulph.⁸⁰, four powders; improvement.

April 15th, 1876. Well.

CASE 4.—H. P., aged 3 years.

Thick moist crusts of yellowish patches scattered over the scalp. The child is pale and weak, can hardly walk, is feverish, with hot head and hands, and very restless in sleep. The eruption is of about one year's duration.

February 14th, 1876. *Rx.* Sulph.³⁰, four powders, one a day.

February 21st, 1876. Not so feverish, and appears a little stronger, but behind the ears angry looking fissures have appeared.

Rx. Graph.³⁰, four powders, one a day.

February 29th, 1876. The fissures better; not much improvement in the eruption.

Rx. Sulph.³⁰, four powders, one a day.

March 4th, 1876. Better; the eruption dryer and the child stronger. Continue remedy.

March 17th, 1876. *Rx.* Sulph.³⁰, four powders, one a day; better.

March 24th, 1876. *Ry. Sulph.*³⁰, four powders, one a day ; much better.

April 4th, 1876. Numbers of small patches have disappeared but one quite large, moist and irritable-looking patch remains on back of head.

*Ry. Graph.*³⁰, four powders, one a day.

April 14th, 1876. Better ; less moisture and irritable appearance. Continue remedy.

April 20th, 1876. Continue remedy.

April 27th, 1876. Has ceased to improve.

*Ry. Sulph.*³⁰, four powders, one a day.

May 8th, 1876. Better. Continue remedy.

May 12th, 1876. Well.

In Case 3 there was some return of the eruption three months after last prescription. In a few other cases there has been some return of eruption.

A few doses of Sulph. generally have been sufficient to remove it all.

Dr. Boyce deprecated the practice of prescribing as some do in alternation for days together, such remedies as Sulphur and Calcareo or Sulphur and Lycopodium. He considered such practice inexcusable and even dangerous.

Dr. Miller by request read a paper on Sulphur, Calcareo and Lycopodium.

Synopsis of Dr. Miller's Paper.

Sulphur acts prominently upon the skin, the liver, the mucous membranes and the vaso-motor nerves. It is a great remedy for many diseases when complicated with cutaneous eruptions, and these eruptions are various, including not only scabies but tetter, rhagades, etc. It is also to be thought of in all diseases induced by suppression of cutaneous eruptions. The various respiratory diseases were mentioned as illustrations to show the indications of Sulphur, Calcareo and Lycopodium. These three remedies were compared in abdominal and genito-urinary affections, and especially with reference to their action upon the vaso-motor nerves. It was shown that Sulphur was the great remedy for congestions.

Calcareo was proved to be the great remedy for scrofula as indicated by its powerful affinity for the glandular and lymphatic systems. It was shown to be the remedy for diseases dependent upon depraved nutrition, and especially when the blood is supplied with an inferior quality of chyle and lymph,

as in rickets, scrofula and phthisis. It was the great remedy for the leucophlegmatic constitution, the symptoms of which were detailed and compared with other remedies. Some of these indications were: large head; large, open fontanelles; obesity or emaciation with protuberant stomach; head-sweat; foot-sweat, etc. Other indications were enlarged pupils; profuse and premature menses, especially with cold, damp feet; return of menses from the least excitement, and rheumatism induced by bathing in cool or cold water.

Lycopodium acts prominently upon the urinary system. It is curative in dyspepsia and chronic hepatic derangement attended with excessive production of flatulence. It was in this respect compared with *Calcarea*, *Carbo veg.* and other remedies. Other indications are palpitation of the heart, induced or aggravated by eating; lithic diathesis; micturition frequent at night and rare by day; diphtheria commencing on the right side; rheumatism chiefly on the right side; fanlike motion of the *alæ nasi*; disgust of life produced by physical suffering, and aggravation of symptoms from 4 to 8 P.M.

Discussion.

Dr. Boyce had seldom witnessed the symptom of fanlike motion of the nostrils, though he had always looked for it.

In regard to the bloatedness of *Calcarea*, he suggested that only the abdomen was bloated, the remainder of the body being emaciated.

Dr. Miller said this *might* be the case, but in the obesity of this remedy there was generally a bloated, flabby condition. When the fanlike motion of the nostrils occurs in croup with dry, hoarse, rough cough, generally worse before midnight, *Spongia* is the remedy.

In regard to the congestions of Sulphur, Dr. Boyce quoted Lippe, that Sulphur is the remedy par excellence with which *Aconite* could not compare.

Dr. Hawley. Enlarged pupils are often an additional indication for *Calcarea*.

Dr. Miller noticed that *Lycopodium* has palpitation of the heart during digestion, a symptom he had often observed.

Another symptom of this remedy is waking often at night with a hungry feeling. This may not be genuine hunger but a morbid symptom.

SULPHUR, CALCAREA CARBONICA AND LYCOPodium.

BY MARY A. GARRISON, M.D.

Sulphur

From earliest days has been employed as a disinfectant and prophylactic. It is suited to venous constitutions, liable to hæmorrhoids with constipation or morning diarrhœa (five o'clock). (A chronic case permanently relieved with two doses of 30th potency.) It acts powerfully on the excretory organs, causing increased activity. When animals are poisoned with this drug, death is preceded by these symptoms: Anorexia; thirst; vomiting; diarrhœa. *Increase*, followed by *decrease* of temperature of the skin. *Accelerated*, followed by great *slowness* of pulse; difficult breathing; marked emaciation; feebleness of motions; prostration; slight trembling; and, lastly, drowsiness, and convulsions. The use of Sulphur in man has affected the sensorium, even to the entire loss of power, paralysis, ankylosis, contraction and deformity of extremities. It is useful in scrofulous diseases which seem to get almost well but return again and again; and especially in those caused by suppressed eruptions and suppression of the hæmorrhoidal flow. Almost *any* chronic disease will require the intervention of Sulphur during its treatment. It produces burning *acid* discharges from all the mucous surfaces (Calc. carb. predominantly *mild*). It acts upon the various eruptional diseases of the skin, and is suited to all ages (Calc. more especially to the young, Lyc. to middle life), and especially adapted to lean persons who stoop in walking. Sulphur frequently produces in healthy persons burning, itching pimples, and vesicles resembling itch vesicles, and especially itching in the joints at night; burning in the palms of the hands and soles of the feet (Calc. carb.); venous engorgement; *rarely apoplexy*.

Moral Symptoms.—*Depression*. Great restlessness; irritated and taciturn. Ailments from shame or mortification. Slowness of mind and body during the day, and not inclined to any kind of labor; forgetful; religious; melancholy. *Head*. Dulness of the head A.M., and oppression of the forehead until noon; headache with nausea; headache worse in the open air than in a room; headache in the vertex; morning headache, as if head were drawn down and forward; heaviness of the head, aggravated by movement, by eating, lying

down (Calc. opposite), moving about or stooping; rush of blood to the head, with humming or buzzing in head; heat in head, with cold feet and redness of face; pain in the roots of the hair; falling off of hair (Lyc., ditto); itching pimples on the forehead, etc. Small-pox running an irregular course and striking in; pustules are yellow or greenish, pink or black, showing decomposition of the pus and the development of putrid symptoms; unhealthy skin; tendency to suppuration; boils (Lyc.); varicose ulcers which bleed easily and secrete fetid pus.

Aggravations, evening or after midnight, getting warm in bed; from exertion of the body; talking; in crowded rooms; in snowy air; sunshine; spirituous liquors; after eating (Lyc., ditto). *Amelioration*, dry weather; heat; open air; in the dark; from pressure (headache), when sitting down; afternoon and before midnight, etc.

Calcarea carbonica

acts especially on the ganglionic vegetative system, affects more particularly the osseous system, producing imperfect ossification, slow and difficult dentition, rachitis, etc. It also affects the mucous, serous, fibrous and cutaneous tissues and lymphatics, and the reproductive organs. Its curative sphere is found in the large class of diseases due to derangement of the secondary assimilation, when the assimilation of the digested food does not proceed as it should do. The three great forms of disease due to this derangement are *scrofula*, *tuberculosis* and *rachitis*. It is the principal remedy in these diseases, and controls the *constitutional tendency* rather than the *local manifestations*. It is a deep-acting remedy, and one of the *longest* acting of all the antipsorics. It is especially adapted to the constitutional diseases of women and children of leucophlegmatic temperaments, prone to affections of the mucous membranes; to young persons inclined to obesity, particularly if they show a peculiar *chalky look of the face*. It is indispensable in affections of women resulting from menstrual irregularities, especially when menses appear too soon, and are too profuse (Graph., too late and too scanty), (Lyc., too early and too scanty). Muscular weakness; leucorrhœa profuse but *predominantly mild* (Sulph., acrid). Catarrh of the bladder; bronchial catarrh; ulceration of the lungs; out of breath going upstairs; soreness of chest on inspiration; palpitation of the heart; stitches in the heart,

leaving soreness (Sulph., palpitation without any apparent cause, Lyc., sudden, violent palpitation, after having become wearied). Enlarged abdomen in children. Constipation. Stool frequent, which is first firm, then pappy, lastly liquid. White stools. In diarrhœa of infants, stool *sour, sour breath, sour eructations and sour vomiting* (Rheum). *Mind and disposition.* Imbecility more frequently than insanity (Sulph., opposite). *Fears* insanity, or that people will think her insane; these symptoms are aggravated *out of doors*. Excessive irritability of the nervous system; inclination to weep (Lyc. and Sulph., same). Sometimes silly merriment. Great solicitude about *bodily* welfare (Sulph., *spiritual*, Lyc., religious melancholy); fears future misfortune. Children are self-willed and whining. Calc., Lyc. and Sulph. all have marked mental dulness and depression. *Vertigo* on ascending a height, walking in the open air, or turning the head quickly, looking upwards, or in a hot room, with inclination to vomit (Lyc., when stooping, Sulph., when sitting, or early A.M., with nose-bleed). Calc. is useful during the erethric stage of acute affections of the brain (Lyc., diseases of brain with somnolence). Calc. hydrocephalus, especially in cases where the fontanelles remain open, and chronic (Sulph., hydrocephalus developing slowly after suppressed eruptions). Headache from excessive brain work, relieved by *lying down and closing the eyes* (Sulph., headache worse when lying down). Specks and deep ulcers on the cornea; opacity of cornea from previous ulcerations; glaucoma; dimsightedness. Conditions: easy straining, causing stiff-neck, sore throat or back or headache. Sprains from overlifting; liability to take cold (Lyc., same). Great sensitiveness to moist, cold air (Sulph., ditto). Cold clammy sweat on feet and legs; stockings feel damp when removed from feet.

Aggravations, A.M. and evening, or after midnight (Lyc., from 4 to 8 P.M.). Cold air; wet weather; after washing; and cold water (Sulph., ditto). On awakening; after eating (Lyc., ditto), especially smoked meat, or milk; from mental exertion (Lyc., ditto); pressure of clothing (Lyc., ditto); sexual excesses, and suppressed perspiration. *Amelioration* after breakfast; in the warm air; loosening clothing, etc.

The best antidote for ailments caused by Calc. is Nitric Acid; it antidotes Phos., Digital., China, Merc. and Sulph.

Lycopodium

is especially suited to herpetic and serofulous constitutions. It is useful in hepatic troubles (chronic, Bryonia). It affects chiefly the splanchnic nerve and those organs to which it is distributed; also very useful in urinary affections, atony of the stomach and intestines, stagnation and plethora of the portal system. Good for hypochondriacs subject to skin diseases. Florid phthisis has been arrested by its use, characteristic sputa being gray, yellow or green. Pneumonia, with cough, worse from 4 to 6 P.M. Patient has pale face and deep wrinkles, but debility not so great as he fancies. When he gets up and stirs about, is not so bad as he thinks. In fevers, when the lower jaw falls down, symptoms aggravated from 4 to 8 P.M. For *crusta lactea*, a specific, 3d or 4th, once a day (Prof. Heber Smith, M.D., B. U. School Med.). Periodical tendency to tonsilitis, beginning in right side and going to the left; Lyc. is known to have checked this tendency. Gastric derangement; troublesome distension of abdomen; sense of fulness of stomach after eating but little; globus hystericus; heartburn; painful sensitiveness of stomach to pressure of clothing, especially in women; flatulence; gurgling in the abdomen; ascites; dropsical conditions, with œdema of the feet and diminished secretion of urine; red sand in the urine. It effects the discharge of gravel and stone, and appears to remove the disposition to their formation; polypus of the bladder (Calc.); frequent, foamy urine; fetid perspiration in axilla and on soles of feet, with long-standing uterine diseases; leucorrhœa, with cutting pain across the hypogastrium from right to left; ovaritis, with cutting or shooting pain, extending from right to left, across the ovary; worse after 4 P.M.; better after 8 or 9 in the evening. Prolapsus uteri; inguinal hernia, especially on right side. Chronic catarrh; influenza; incipient phthisis tuberculosa (Calc.). Cough, with purulent yellow discharge; spasm of chest; asthmatic affections; palpitation of the heart; hepatic spots on chest; painful eruption on the neck and chest; rheumatic *tearing* pains in both upper and lower limbs; phlegmasia alba dolens; restores a suppressed sweat of the feet (Calc. and Sulph.). *Mind and disposition.* Soft, mild and melancholy; grief; ill-humor; effects of vexations; impeded mental activity (Calc. and Sulph.). Ailments from mental labor (Calc.); pusillanimous; sad and fanciful. A gourmand; great anxiousness, apparently in the

pit of the stomach. Absent-minded (Sulph.); extremely sensitive. *Head.* Dulness and confusion of head, as if he could not collect his senses, with pressure over and in the eyes; dizzy early A.M., as if intoxicated; vertigo, A.M., when rising from a seat, when drinking, in a hot room; headache over the eyes, immediately after breakfast; nervous chronic headache; headache aggravated by shaking the head or turning it, when at rest, lying down, and by motion; throbbing and tearing headache; fulness of blood in the occiput after stooping; eruptions on the head suppurating profusely; excessive falling off of the hair; hair turns gray early; great liability to take cold in the head, etc.

Dr. Squier related a case of enlarged cervical glands cured by Dr. Doane with *Cistus Canadensis*, his great remedy for such affections. Dr. Doane learned the indication from Dr. Lovejoy.

The following members were requested by the Society to prepare papers for next meeting:

Dr. Boyce, a paper on Nervous Diseases;

Dr. Squier, a paper on *Hepar* and *Silicea* in Ophthalmic Diseases, and

Dr. Emens on Uterine Diseases.

Subject for discussion at next meeting, *Hepar* and *Silicea*.

Adjourned to meet December 17th, at Dr. Emens's office in Syracuse.

HOMŒOPATHIC MEDICAL SOCIETY OF CHESTER, DELAWARE AND MONTGOMERY COUNTIES.

REPORTED BY L. HOOPES, M.D., SECRETARY.

THE regular meeting of the Society was held at the Bingham House, Philadelphia, October 3d, 1876, the President, Dr. R. P. Mercer in the chair. The following members were present: Drs. R. P. Mercer and C. Preston, of Chester; R. C. Smedley, of West Chester; M. Preston, of Norristown; L. Hoopes, of Pottstown; T. Pratt, of Media; and L. B. Hawley, of Phoenixville; and by invitation, Theodore Adams, of Media.

The minutes of last meeting were read and adopted, with the alteration of the hour of meeting from 2 P.M. to 11 A.M.

Dr. M. Preston made a short report of the meeting of the State Society at Harrisburg, on September 27th and 28th, and thought we should take some measures to obtain a better attendance at and a more lively interest in the meetings of the societies, both County and State.

Dr. L. Hoopes read the following essay on Infantile Marasmus, which

was followed by the reading of an interesting paper entitled "What I Know about Tobacco," by J. B. Wood, M.D., of West Chester.

INFANTILE MARASMUS.

BY LEVI HOOPES, M.D., POTTSTOWN, PA.

Marasmus is the exact opposite of healthy nutrition. It is a wasting away, a species of inanition, exhaustion from want of nourishment, dying from starvation, with ravenous appetite, in the midst of plenty, and where plenty and oftentimes indeed more than plenty is taken into the stomach, and yet the little sufferer emaciates, and unless the proper treatment is brought to bear upon it, finally dies, as much from starvation as though it had had nothing to eat.

This distressing and too often fatal disease is almost exclusively confined to infants and young children, though it is sometimes found in old age. The danger and fatality of this malady are greatly increased by its often insidious approach, the premonitory symptoms so nearly simulating those of many other diseases that it is often not recognized by the physician in its true character until it is so deeply implanted that exhausted nature cannot maintain her sway long enough for the evil to be uprooted and the breach repaired, and the little sufferer sinks to an untimely grave in spite of all our efforts to save it.

Infantile marasmus or atrophy may result from the unhealthy or unsuitable character of the food with which the children are supplied, or from their own inability to assimilate it by reason of some inherent hereditary disease or dyscrasia such as scrofula, syphilis, tuberculosis, etc. It is, therefore, highly important that we should in every case, if possible, discover to which class it belongs, as those of the first class may often be remedied by change of food, while the others may exhaust all our skill and resources without avail.

Infants are sometimes born with the process of atrophy far advanced. Such children never increase in weight, but rather grow lighter and lighter till they are little more than a skeleton, and they die in the course of from two or three weeks to as many months. These cases are the victims of some deep-seated dyscrasia which seems to prevent the development of the function of assimilation. Two such cases have come under my treatment, one of which seemed to yield partially to remedies and the disease to stand still for some months; but the

child grew very slowly, though it seemed to enjoy its food and to digest it. It was attacked with cholera infantum in the month of July and died in twenty-four hours. The other was the child of a phthisical mother, and all my efforts, hygienic, dietetic and medical, were of no avail, and it died at the age of three months. Many children perish before birth in the same manner, from congenital lesion of nutrition.

In many cases the marasmus sets in after the child has begun to thrive. These cases generally commence with vomiting or diarrhœa, or both, the aggravation occurring immediately or soon after taking food; the milk is vomited either unchanged or curdled, or passes undigested from the bowels; the stools are sometimes light-colored and sometimes dark, even black, and generally offensive. But in all cases, no matter what the other symptoms may be, the child is restless, peevish, fretful, crying as if in great distress, and always craving food, which mothers are too apt to gratify, only to increase the trouble; and they grow thinner and thinner, wasting away until relieved by treatment or death.

In some cases the trouble seems to be brought about through the irritation of the digestive organs incident to dentition. The child's stomach becomes weakened through loss of sleep and nervous exhaustion, which are natural consequences of difficult and painful dentition; the food becomes sour and curdled, and is either vomited or passes into the intestines in an undigested condition, thereby becoming itself a constant and increasing source of irritation, which is likely to excite the development of any scrofulous, syphilitic, phthisical or other malignant dyscrasia into a confirmed marasmus. Many children more or less scrofulous suffer all the nervous and other irritations incident to difficult dentition without contracting marasmus, because the scrofulous or other malignant element is not great enough to produce any profound and permanent lesion of nutrition. In other cases the disorder arises from an original disease of some portion of the digestive apparatus, as the liver, mesenteric glands, etc. The most common form of this class, and of scrofulous children generally, is that known as *tabes mesenterica*, mesenteric tuberculosis, mesenteric atrophy, etc. It consists of a deposit of tuberculous matter in the mesenteric glands, thereby obstructing the flow of chyle through them, in this way rendering these glands incapable of exerting their modifying and vitalizing influence upon this important fluid and cutting off the supply from the

blood, so that general marasmus from loss of nutrition becomes a necessary consequence. After this disease has obtained considerable headway, it may be detected by feeling the enlarged and indurated glands through the abdominal walls.

Infantile marasmus is not confined to any country or climate, but is as widely disseminated as scrofula or cancer, and it outstrips either of them in the number of its victims. Among tubercular affections, according to fatality it stands third on the list, phthisis being first and hydrocephalus second. In Europe it is said to be more prevalent than in this country, though in large cities here it ranges high on the list of mortality. According to statistics, it affects more boys than girls, and this is also my own observation, for I have never yet met with it in a girl.

This is a serious disease, and is rendered more so by reason of its escaping recognition till it is far advanced.

The symptoms as given by Leadam, are: "Frequent belly-ache, with irregular bowels, the motions being too frequent and variegated or clay-colored and watery; acid odor, not only of the evacuations, but also of the breath and perspiration; fickle appetite and much thirst; the urine often turbid and white; the child is fretful or quite sullen and indifferent, less playful than usual, and cries peevishly. The countenance changes color frequently and the tongue is creamy, or morbidly clean and red. There is swelling and hardness of the belly, with emaciation; sometimes irregular small tumors are to be felt through the parietes of the abdomen; the skin becomes shriveled, the complexion earthy, the appetite voracious; diarrhoea supervenes if it has not existed throughout; there is slow, continued, or remittent fever, augmenting towards evening, with flushing of the cheeks, a hot, dry skin, and incessant cough, extreme restlessness, increasing debility, and finally hectic. In this form of scrofulosis, the bowels and the secretions passed into them require to be regulated, not by purgatives, but by remedies which are consonant with the general state of the patient."

Treatment.—The first desirable point to be attained in the treatment of marasmus, and this is frequently the most difficult, is suitable nourishment, and that to be given at proper intervals. I have had more trouble to prevent mothers from overfeeding their children in this than in any other disease; for if a baby cries without being hurt, you can scarcely persuade the mother to believe that it is not hungry; and I have

known men calling themselves *regular doctors*, when asked by the mother what she should do to prevent the child from crying so much, to order it fed every time it cried, which would be all the time under those circumstances except while it had the nipple in its mouth, because the stomach getting no rest is thereby weakened, and the food will immediately be vomited or evacuated by the bowels, and in this way, instead of strengthening and nourishing the child, it becomes in itself a source of irritation and injury, and no child can get well under such treatment. The child should not be fed oftener than once in three hours, and then in moderate quantity, for the stomach *must* have rest in order to recuperate its weakened powers, and if the food is such as the stomach will tolerate, there will soon be less crying and more sleeping, provided the child is kept in a quiet room, as by all means it should be. The selection of suitable food will often be more difficult than that of the remedy; what will suit one case will on account of constitutional peculiarities disagree with another. The mother's milk, where it is good and healthy, is always the best food, but when that fails, or the child is past the age of nursing, we must endeavor to find some artificial food to take its place. I have used cow's milk, usually diluted with water, two parts milk to one of water, with the addition of sugar of milk, about one ounce to the quart of diluted milk, though in some cases, even in an infant of two months, I found pure milk with a little salt added to agree better than anything else. I have also used condensed milk, but not with good results; also prepared wheat, boiled flour gruel, but more frequently and successfully when milk disagrees, whey of sweet milk, curdled with rennet or rennet wine and the curd taken out; they usually retain this at once and begin to improve very soon. Goat's milk, beef tea, and varieties of the so-called "Infant's Food" have been used successfully; also raw meat (beef or mutton) finely bruised or scraped. Dr. William Owens recommends fat ham and salt pork, which, he says, may be given freely. Also tea made from the lean meat of lamb and veal, equal parts, say half a pound of each to one quart of water, stripped clean of all fat and membrane, cut fine, and boiled for two hours, strained and mixed with equal parts of good thick rice-water and a little salt. If carrots can be procured, boil them with the meat. Give of this to the child freely as food and drink. The carrots may afterwards be mashed and fed to the child with a little salt added. Those articles of

diet which are at least partially digestible in the stomach, should generally be used in these cases; the farinaceous foods are therefore objectionable. I allow no stimulants of any kind whatever. Lime-water added to the food only proves deleterious in the end. The child must be warmly clad, with flannel next the skin, especially over the bowels; it should be bathed every day, in the sunshine if possible, and not with cold water; must be allowed sufficient quiet to take its natural rest, and have *plenty of fresh air*; be taken out doors frequently when the weather is fit, if in town, and in warm weather send the patient to the country, if possible, and have it carried to the cow-yard morning and evening, so as to give it milk while it contains the full degree of animal heat, that is, if milk agrees; it should always be from one cow, as near "fresh" as possible.

If the trouble is caused by the unhealthy or unsuitable character of the food, little more than correcting the diet is necessary, unless it has been allowed to run on a long time, in which case medical assistance will also be needed.

I will merely mention those remedies which have been of most service to me in the treatment of this disease, referring my readers to the pathogenesis of each for the indications, presuming that any of my colleagues are more competent to make the selection than I am. I have prescribed them according to their well-known characteristics which are so ably set forth by Jahr and Guernsey, and have generally used them in the 30th and 200th potencies, and I think my success has been fully up to the average. *Æthu. cyn., Ars., Bell., Bry., Calc. c., Calc. phos., Cham., Chin., Hep., Ipec., Lept., Lyc., Merc. v., Nux vom., Phos., Phos. ac., Pod., Puls. and Sul.,* of which *Ars., Bell., Calc. c., Hep., Lept., Lyc., Phos., Pod. and Sul.* rendered most service.

Dr. M. Preston read a very interesting paper entitled "The Doctrine of Chronic Miasms *versus* The Bodily Constitutions," which was retained for revision.

A memoir of the late Dr. J. L. Scott, of Coatesville, was presented by Dr. J. B. Wood through Dr. R. C. Smedley, but being incorrect, was referred back for correction, on motion of Dr. C. Preston.

Then followed a discussion on Dr. Hoopes's paper on Infantile Marasmus. Dr. Smedley's views fully accorded with those of Dr. Hoopes, especially on diet and hygiene; he had experienced a great deal of trouble in preventing mothers from overfeeding the children. Dr. M. Preston believes the disease commences in the nervous system and the

patient has been ailing some time before any threatening symptoms manifest themselves, and that the intestinal symptoms are the consequence of nervous irritation; he also believes the nervous symptoms to be the most important and dangerous. Dr. C. Preston thinks the intestinal symptoms are the initiatory symptoms and produce the nervous symptoms. Dr. Hoopes has never lost any except those born with the disease.

Dr. M. Preston said that according to Dr. C. Preston's statement the fatal cases have begun with bowel symptoms, but not so in his experiences, for many of his fatal cases had commenced to emaciate some time before the bowels were disturbed.

Dr. Smedley thinks the mesenteric glands are first affected, and that they are the cause of the nervous and bowel symptoms.

Dr. C. Preston agrees with Dr. Smedley, and says they show symptoms of tubercular degeneration, the patients having night sweats and hectic similar to phthisis pulmonalis.

Dr. M. Preston says there are cases of both varieties; that is, of nervous and mesenteric disturbance.

Dr. Hawley. This discussion shows how little we know. I am often at a loss to know which are primary and which are secondary symptoms, as both seem to exist at the same time. I am not willing to accept this as a disease, but think it is a result of imperfect nutrition. Some of the worst cases I have had have been born in that condition.

Dr. Mercer remarked that we know *tabes dorsalis* to be the result of nervous exhaustion, and it is often followed by *tabes mesenterica*.

Election of officers being now in order, it was proceeded with, and the following officers were elected for the ensuing year.

President, Dr. R. P. Mercer; *Vice-President*, Dr. T. Pratt; *Recording Secretary*, Dr. L. Hoopes; *Treasurer*, Dr. C. Preston; *Corresponding Secretary*, Dr. M. Preston.

On motion the duties of Scribe were imposed on the Corresponding Secretary.

Dr. M. Preston then said he had two names to propose for membership, Reuben Owen, M.D., of Coatesville, and J. W. Pratt, M.D., of Downingtown, who were duly elected under suspension of the rules.

On motion, Dr. M. Preston was constituted a committee to select a room for next meeting.

Dr. Hoopes asked information as to the best curative remedy in case of his own child; it had otorrhœa following scarlet fever; the discharge is yellow, watery and offensive, with itching. Sil.⁶⁰⁰⁰ was recommended by several.

Dr. Hoopes mentioned a case of hay fever, in the asthmatic stage, cured by *Naja. tri.*³⁰

On motion, the Society then adjourned, to meet in Philadelphia on the first Tuesday in January, 1877, at 11 A.M.

T. PRATT, M.D.,
Secretary.

THE PROGRESS OF HOMŒOPATHY.

BY ADOLPH LIPE, M.D., OF PHILADELPHIA.

(Read before the Pennsylvania State Homœopathic Medical Society, Sept. 28th, 1876.)

THE progress of homœopathy in our State, as well as in the United States, has been rapid and unparalleled in the history of medicine, and there are now reported to be five thousand practitioners of homœopathy in the United States. This rapid progress might well be ascribed to the free institutions of this great republic, the Centennial of which is now being celebrated. A new school like ours, in order to secure a permanency as an established school of medicine, although much aided by our free institutions and untrammelled by oppressive laws, can only attain this by a *progress in the school itself*.

Hahnemann gave to the world his philosophy and method, through which might be obtained the true end and object of all medical treatment, viz., a prompt, mild and permanent mode of cure, in his classical work, *The Organon of the Healing Art*. This work should be carefully read by every person who wishes to ascertain the truth or fallacy of homœopathy, and should be well understood by the investigating student of medicine before proceeding further; by his study of *Materia Medica* he prepares himself to make the clinical experiment which alone can decide for him the question to which he desires a solution. If a person is *not* possessed of this previously acquired knowledge obtained by a diligent study of the *Organon*, and makes the practical experiment not in conformity with the indispensable knowledge derived from this study to guide him, a failure, either entirely, certainly partly, must and will ensue.

The earliest and later disciples of Hahnemann accepted first his philosophy and method; his principles and their practical applications coming to be accepted by the continuous good results following their application in therapeutics, which results practically proved the correctness of the master's teachings. With this acceptance of Hahnemann's teachings, his disciples were *not* committed to the assertion, with which they find themselves burdened, that they considered and accepted his *Organon* and later works as the Alpha and Omega of homœopathy, much less as the beginning and the end of all medical science. The *Organon* in fact only teaches the medical student how to utilize the previously acquired knowl-

edge of all and every branch of medical science; the *Organon* shows and clearly explains how much of the acquired medical knowledge of the various thinkers among the profession is real science and can be utilized, and how much of it is mock science, unfit for utilization. It clearly shows how the latter has been turned to a ridiculous purpose; how system after system, based on a fallacious hypothesis, has been established, to be in its turn rejected by the next generation and give place to another system based on fallacy. Almost all these periodically returning changes had their origin in a belief of medical men that they were able to discover the *prima causa morbi*, and against this hypothetical material cause were their hypothetical therapeutics directed. The fundamental error then of all medical systems was to be found in their "*materialism*," in their belief that disease was a tangible and comprehensible thing, and as such had to be eradicated from its hiding place in the organism. They boasted, each in turn, as they changed the "*system*," that they sought out and removed the morbid cause, and followed the traces of nature herself in the treatment of disease. Hahnemann expressed himself repeatedly on that subject, but never treated it in a more condensed and, to our present purposes, for illustration, more adapted form than we find in his introduction to the *Organon*, where he says: "*They talked of being able to discover the cause of disease, without succeeding in their pretended attempts, for by far the greater number of diseases being of dynamic origin, as well as of a dynamic nature, and their cause, therefore, not perceptible to the senses, they were reduced to the necessity of inventing one. By comparing, on the one hand, the normal state of the parts of the dead human body (anatomy), with the visible changes which these parts had undergone, in subjects which had died of disease (pathological anatomy), and, on the other, the functions of the living body (physiology), with the endless aberrations to which they are subject in the various stages of disease (semiotics, pathology), and drawing from thence conclusions relative to the invisible manner the changes are brought about in the interior of man when in a diseased state, they succeeded in forming an obscure and imaginary picture, which theoretic medicine regarded as the *prima causa morbi*, which afterwards became the proximate cause, and, at the same time, the immediate essence of the disease, and even the disease itself, although common sense tells us that the cause of anything can never*

be, at the same time, both the cause and the thing itself. How was it then possible, without deceiving themselves, to pretend to cure this yet undiscovered internal cause, or venture to prescribe for it medicines whose curative tendency was equally, for the most part, unknown to them, and more especially to mix up several of those unknown substances in what are termed prescriptions?"

There are to-day self-appointed champions of progressive homœopathy who accept Hahnemann's teachings above referred to, but who claim that, since Hahnemann made these declarations, our brethren of the old school have been most diligent in the pursuit of medical science, and that we may most profitably ask what relations the departments to which they have especially devoted themselves now hold to the science which alone distinguishes us from them,—therapeutics? The answer of some men is, pathology, which hardly existed as a positive science in Hahnemann's days, and has been diligently elaborated by ingenious and exact experimentations until to-day it holds no mean rank among the positive sciences of observation. Must we denounce it as Hahnemann did the pathology of his day? Can we not use it?

There then arise momentous questions concerning the progress of homœopathy. If we believe that in Hahnemann's days pathology hardly existed as a positive science, but has since then taken the rank of a positive science of observation, we may well come to the conclusion that if our science of therapeutics be not capable of adapting itself to, of dovetailing with, or making subservient to its uses any exact related physical science, then this fact should amount to a condemnation of our therapeutics. If it were so, then our therapeutics, established while pathology is said to have hardly existed as a positive science of observation, could never have been successful, could never have been accepted, and would have proved to be unreliable on account of a want of success in its practical application for the cure of the sick. History contradicts all the above assertions, contradicts the premises, and with them destroys the argument and deductions. Professor Schoenlein fully demonstrated the possibility of elevating pathology to a positive science of observation, and a *second* edition of his lectures was published in 1832.

Hahnemann published the last (fifth) edition of his *Organon* in 1833, one year later than Schoenlein's second edi-

tion of his *Lectures on Pathology*. Hahnemann must, therefore, have been fully conversant with the great progress Schoenlein had made in elevating pathology to a science of observation. Have the diligent, elaborate, ingenious and exact experiments so changed pathology since the days of Schoenlein and Hahnemann that we must consider Hahnemann's denunciations of pathology as unjust, uncalled for and not applicable to the present state of affairs? Can we use it? The situation has not changed at all. Hahnemann himself made use of pathology and pathological names, but he strenuously objected to construct by its aid a theory of the essential nature of the disease. The use Hahnemann made of pathology and pathological names is very clearly illustrated in his preface to Aconite in his *Materia Medica Pura*. Hahnemann first enumerates various diseases by their pathological names and says they are often curable by Aconite, but he very cautiously adds, "that Aconite will be especially indicated when there are found, besides thirst and a quick pulse, an anxious restlessness, an inconsolable anxiety and an agonizing restlessness." Pathology failed (like all other branches of medical sciences, physiology included) to show the cause of the above-described mental condition indicating Aconite, and failed to show cause why two individuals, suffering from the same disease, had different, nay, often opposite, mental symptoms, and fails to this day to show cause why, *as we well know*. Aconite will promptly cure a disease when these symptoms are present, and will be worse than useless if it is administered for the cure of the disease when these characteristic symptoms are absent. It becomes thereby evident that we never did, never can, adapt ourselves to or dovetail with or make subservient to its uses, pathology as an exact science of observation. Since the days of Schoenlein and Hahnemann, the one systematizing pathology, the other teaching the therapeutics of the healing art, various changes have occurred. We find Prof. Bock and his co-laborers collect the results of their researches in pathological anatomy. They were laborious, painstaking, scientific men, and we, as students of medicine as a science, must honor them, and as true healers we will forever be compelled to acknowledge our regret at not being able to make the slightest use of their researches any more now than Hahnemann did when he wrote the preface to his last edition of his *Organon*, in 1833. They then and later showed to us the destruction, changes and alterations in organs and tissues produced by dis-

case causing death, but all this never did, never can, show us the causes of diseases, or the disease itself, or even the presumable condition existing at the beginning of the disease. We cannot, therefore, no more than in 1833, adapt our therapeutics to this branch of medical research. The therapeutics of the common school of medicine was no more benefited by all this newly accumulating knowledge than was ours, and the common school of medicine, once more disappointed, turned to physiology to explain first the phenomena of the healthy functions. When these were disturbed and disease followed, they imagined themselves to be able to discern to a positive certainty the changes and alterations caused in the various organs and tissues physiology sickened. They further considered themselves able to find the very seat of the disease, its causes and effects, and the very nature (material) of the disease, its causes and effects. Our science of therapeutics is not capable of adapting itself to or dovetailing with or making subservient to its uses, the knowledge acquired by the physiological school. Thankful as we are as students of the medical science for the results of the labors of these scientific men, we *as* students of medicine accept them and profit by the acquisition of knowledge. As healers, however, we shall be forever compelled to exclude them from our therapeutics proper, for as healers we cannot consistently or profitably utilize them. This question, once agitated, now comes to a close settlement, and I do not know that I can better illustrate our true position as homœopaths, as true healers, than by quoting from Dr. Carroll Dunham's address delivered before the World's Homœopathic Convention, June 26th, 1876.

Dr. C. Dunham says: "If diverting pathology from its legitimate function, the homœopathist constructs by its aid a theory of the essential nature of the disease, and a theory of the essential nature of drug-effects, as that the one or the other depend on a plus or minus of some blood constituent, or on such or such a cell-change, or on such or such structural lesion, and if he draws his indications for treatment from such theory, he introduces into his therapeutics the same element of *hypothesis* against which Hahnemann protested, and in so doing he diverges from homœopathy towards the blind uncertainty of the older therapeutics. Moreover, however well grounded his hypothesis may be, if he prescribes on the basis of a pathological induction, or when he elects to regard

one pathological modification of function or tissue as comprising the sum and substance of each and every case in which it is recognized, he prescribes for a *class*, and is unable to observe that strict individualization which is essential to a sound homœopathic prescription. This must always be the case. It is especially true in the present imperfect state of pathology, which has no way of accounting for the fine subjective symptoms that are so valuable to the individualizer."

The position taken by Dr. Carroll Dunham on this subject is clearly expressed, and his argument is as convincing as it is unanswerable. It will be accepted as settling the mooted question of making *our* therapeutics subservient to physiology and pathology, and by so doing we enter into a new progress in homœopathy. These so clearly expressed views are easy of *illustration*. The semblances of differences in the symptomatology, say of pleurisy and pleurodynia, are well known to the pathologist, and are known to a considerable degree of certainty. The homœopathician finds one or the other of these diseases present, but the symptoms showing the presence of one or the other of these similar diseases do not, cannot constitute the totality of symptoms he seeks for. The symptoms so found only demonstrate to the healer the presence of a well-known pathological condition, or in other words, give him a picture of "sick physiology," and that is all; is he then to prescribe for that sick physiology? Surely a few more subjective symptoms not necessarily belonging to the pathology of the case but to the sick individual will be of more use to the healer than all the physiology and pathology of the case. Physiology, pathology and nosology taught the *diagnosis* of sick physiology, but as above stated by Dr. C. Dunham, the *diagnosis* of the remedy (our therapeutics) cannot rest on the diagnosis of the disease; the healer, true to the teachings of our school, will soon observe these valuable subjective symptoms belonging to the patient, but not necessarily to the form of the disease he is afflicted with; and the more knowledge the healer has of pathology the better will he be able to discern these very characteristic and valuable symptoms essentially belonging to the individual and not to the sick physiology; *therefore* the best pathologist will make the best healer. Guided by these subjective symptoms, he will be able to diagnosticate the truly curative (homœopathic) remedy. The physician (healer) who *solely* relies on pathology in order to find the totality of symptoms diverts pathology from its legitimate functions; he con-

structs by its aid a theory of the essential nature of the disease, and a theory of the essential nature of drug-effects; he prescribes for a *class*, ceases to be an individualizer, and does not make a sound homœopathic prescription, and necessarily meets with no good success.

We as a school accept Hahnemann's teachings, and know full well that he has only laid the corner-stone to a structure to be built by future generations. It is for us then to consider in what manner all of us collectively and each of us individually must proceed in the building of this structure, and how we may aid in the further development of homœopathy. The structure must participate in the characteristics of the foundation, and we find that this foundation is composed of, 1. Law of the similars. 2. The principle that the totality of symptoms observed on the sick constitute the disease, and the totality of symptoms obtained by provers (of one medicine at a time) constitute our knowledge of *Materia Medica*. 3. The application of the single remedy in a dose sufficient to cure (minimum dose) constitutes our therapeutics. And in this manner has homœopathy been progressively developed. After accepting the law of the similars new remedies have been proved and our *Materia Medica* has been steadily augmented. By this accumulated knowledge we are to-day much better prepared to combat disease than we were in our earlier days; we are now able to heal the sick in a shorter time and with less medicine than we were before this accumulating knowledge of drug-action was obtained by persistent new provings, in which manner our *Materia Medica* was continuously developed. And last but not least, have we been going on in learning that potentization can be carried much further than we formerly conceived the possibility of, and we have not yet found any potency so highly potentized as to become inert; to the contrary, the best observers *unanimously* state it as their experience that by continued potentization the medicines become more powerful in their action, and that the highest potencies possess proportionately greater curative powers, and are therefore preferable to the lower less powerful potencies.

Not only has our own school developed the healing art in this manner, but we see the whole line of *medical THINKERS* move forward in like manner. The *progressive* men in the old school abandon the idea of "disease" as a palpable thing, and teach "individualization;" again they make an effort, as

yet very clumsy, to prove drugs on man and beast, but even the clumsy results of their so-called physiological drug provings can be utilized by us. It is a grand move forward, a great step by which before long the great prevailing differences between the schools will be obliterated, they fully accepting Hahnemann's teachings without compromise or possible modification.

And as by present appearances the united movement of all progressive medical men is in support of the fundamental teachings of Hahnemann, and calculated to develop a further progress in homœopathy, it behooves us to exercise towards all that charity which blended by justice does not admit the indorsement, shielding or excusing of fundamental errors; while it also encourages us to labor persistently for what we believe to be right, and submit patiently till the right can be realized.

REFLEX SYMPTOMS OF UTERINE AFFECTIONS.

BY B. F. BETTS, M.D., OF PHILADELPHIA.

(Read before the Pennsylvania State Homœopathic Medical Society, Sept. 28th, 1876.)

THE reflex symptoms of uterine affections are such as arise from an irritation of the terminal filaments of the uterine nerves, which, instead of travelling directly to the sensorium, becomes reflected or transferred from nerve-centres or ganglia to some other locality, where it becomes manifest through reflex, motor, trophic or sensory impressions. The number and intensity of these symptoms depends upon the degree or amount of uterine irritation, and especially upon the *responsiveness* or *irritability* of the nerve-centres or ganglia from whence the reflex impulses are propagated.

We know that the pupil of the eye contracts in proportion to the volume or intensity of the light impinging upon the retina, and that by increasing the irritation of the retina, by increasing the volume of light, we may add to the reflex contraction of the pupil *other* reflex symptoms, such as spasmodic contraction of the orbicularis palpebræ, etc., and, if from any cause the irritability or responsiveness of the optic nerve-centre within the brain is augmented, a *small* amount of light, impinging upon the retina, will produce all the reflex symptoms that arose from a large volume in a healthy condition of the nerve-centre. In the same manner increased responsive-

ness or irritability of nerve-centres will often give rise to reflex symptoms of uterine affections disproportionate in number and intensity to the local irritation. It is on this account that menstruation, which is a purely physiological process, is sufficient in some cases to give rise to such slight reflex symptoms as disordered digestion and circulation, depression of spirits, irritability of temper and those other symptoms embraced in the characteristic expression of "being unwell," whilst in other cases where the nerve-centres are more responsive, the more numerous and painful symptoms of neuralgic dysmenorrhœa are produced from the same amount of irritation.

There are some altered, but physiological, conditions of the system, such as the conditions of pregnancy and parturition, which tend to increase the responsiveness of the nerve-centres, as is shown by the increased influence of the emotions, passions, etc., at these times, but these are instances of normally increased responsiveness.

An abnormal responsiveness of the nerve-centres may be caused by hereditary or enervating influences, and by many diseased conditions, especially affections of the reproductive organs. From whatever cause it is acquired, the tendency of the *physiological* changes in the uterus, to which we have just alluded, is, in the majority of cases, to aggravate this abnormal responsiveness.

During the period of childhood, when the uterus remains in an undeveloped state, almost as it was in infancy, there may be none of the *physiological* influences such as we have mentioned to aggravate the irritability of the nerve-centres, but luxurious living, too close mental application, with neglect of proper outdoor exercise, may so increase an hereditary tendency, that, when the uterus does undergo a somewhat rapid developmental process, intended to fit it for functional activity at puberty, and the breasts are to be developed, the limbs are to be rounded and filled out, and many other nutritive changes are to be effected in the general organism from the influence exerted by the nervous system, especially the great sympathetic nervous system, which, by trophic impulses directs the functional activity of different parts, this hereditary or acquired responsiveness of the nerve-centres may be very much aggravated, and the above programme may not be carried out in all its detail.

At each successive monthly period the nerve-centres will

become more and more responsive to impressions from without, and the number and intensity of the reflex impulses will become increased, until discordant functional activity results, and consequently diseased conditions will arise; or the abnormal responsiveness or irritability may be quickly followed by the opposite condition, that in which but few impulses are awakened, when the withdrawal of the nervous influence will result in disturbed functional activity and consequently diseased conditions as before; just as a moderate hyperæmia of the eye will render the retina exquisitely intolerant of light, and produce convulsive movements of the iris as well as of the associate motores oculorum, whilst an increase in this hyperæmia to an acute apoplectic congestion will render the retina irresponsive and abolish the reflex phenomena altogether.

It is probable that chlorosis has its origin in disturbances within the nerve-centres, especially those which preside over the elaborative processes of the system by which nutritive materials are prepared for assimilation in the tissues. The efforts of nature to bring about those changes in the organism peculiar to the period of puberty, overtakes a weakened nervous system, and the elaborative processes are imperfectly performed. All the symptoms of anæmia are produced from impoverishment of the blood, and indigestion, constipation, palpitation and menstrual derangements are the result.

Dr. Hammond, in an article upon the subject of chlorosis published in the *Psychological Journal*, records a case arising from sudden and extreme fear, which would go to prove the neural origin of this affection.

A case recently received into the department for the clinical treatment of diseases of women in the Hahnemann Medical College of Philadelphia, illustrated in a striking manner the extent to which the deficient nutrition of tissue structure is sometimes caused in this disease, for with all the other symptoms of chlorosis there was also falling off of the hair of the head, eyelids and eyebrows, and even shedding of some of the finger-nails.

In some instances the disturbances within the nerve-centres may manifest themselves by *exalted* sensibility or hyperæsthesia in one part and *diminished* sensibility or anæsthesia in another part. In hysteria, a disease to which women are more liable than men, and to which they are especially liable during the period of the greatest functional activity in the reproductive organs, there is, as was first shown by Chairow,

an hyperæsthesia of the ovaries, especially the left, and an anæsthesia of the epiglottis.

Hammond, who mentions these facts, adds that he has several times succeeded in causing an hysterical attack by moderate pressure on the ovarian region; whilst in every case of well-developed hysteria the epiglottis may be rubbed or even scraped with the finger-nail without exciting cough or efforts to vomit, as the abolition of the reflex excitability of the larynx seems to be complete.

All of these manifestations of increased responsiveness of nerve-centres, as well as abolished responsiveness, may be produced by uterine diseases. They are not all produced at once, but by a constant increase in the exciting cause, or in the responsiveness of the nerve-centres, or by the spreading out (so to speak) of the impression from one ganglia to another.

We know that the impression from the presence of the ingesta in the intestinal tract is sufficient to stimulate the sensory nerves of the part, so that a reflex motor impulse will be propagated from the nearest sympathetic ganglion to the involuntary muscular fibres of that part of the intestine, and that peristalsis will result. When the ingesta is irritating and indigestible, the increased stimulus produces an increased reflex motor impulse, producing a more widespread and vigorous peristaltic action, and a more rapid passage of the ingesta through the tract; and as the mucous membrane is congested from the irritation, an exudation of serum takes place, and we have watery diarrhœa as a result. If the irritation is still more intense, it is no longer confined in its influence to a few ganglia near the seat of irritation, but extends until it reaches the spinal centres within the vertebral column, from whence a new set of reflex motor impulse may be transmitted through motor nerves, going to the voluntary muscles of the calves of the legs, thighs, feet, abdomen and arms, and we have violent cramps produced.

Just in the same way, an atresia vaginæ or uterinæ may, by retaining the menstrual blood, eventually lead to an irritation which will cause vomiting, diarrhœa, abdominal cramps and cramps in other parts of the body, by a gradual extension of the impression from one ganglion to another.

If we apply the foregoing conclusions to all the diseases and affections of the uterus, we will the more readily account for many of the reflex symptoms produced by them, such as the watery diarrhœa and pain, with perhaps vomiting, attend-

ant upon some cases of menstruation, the constipation and meteorism from withdrawal of the motor power from the intestines, attendant upon many uterine affections, and the dyspeptic symptoms found in connection with numerous uterine diseases, but particularly apt to occur early in endometritis, even before the other symptoms are of sufficient gravity to warn the patient or physician of their uterine origin.

The "gone feeling" in the scrobiculus cordis, so frequently complained of in connection with many uterine affections, is probably due to nervous irritation, and not to any change in the position of the viscera, as it is a symptom produced by provings, especially of those remedies which act upon the sympathetic system. It was a prominent symptom in a recent case of poisoning by *Secale cornutum* published in one of our medical journals.

In the thorax it is less difficult to distinguish the reflex symptoms from those produced by direct irritation of the nerves than it is in the abdominal region. One of the most distressing of these reflex symptoms is what is known as uterine asthma, a variety of asthma not unfrequently met with in patients suffering from uterine tumors, especially fibroids. The paroxysms are more severe during the menstrual epochs than at any other time. A train of symptoms somewhat similar may be produced by displacements of the uterus.

A case of this kind coming on suddenly and giving rise to the most alarming symptoms, may serve to illustrate the effects produced by uterine irritation upon a morbidly sensitive nervous organization.

A married lady of about 30 years of age was under treatment for chronic endometritis with ulceration. At each menstrual period she usually had one or more epileptiform attacks, attended by loss of consciousness, followed by a total abolition of all controlling influence over muscular movements, so that she would lay perfectly motionless, with eyes closed, for a period varying from one to three and four hours. She was weak and dyspeptic during the intermenstrual period.

One warm afternoon last spring she was induced to take a steamboat ride on the river, and walked the distance of five or six squares to the landing, became overheated, and suddenly cooled off again on the water. Whilst walking home she felt an unusual pressure on the rectum, pain in the back, limbs and abdomen. Palpitation of the heart supervened, and an agonizing pain, which seemed as if it would deprive

her of breath, spread from the hypochondria into the thorax. The diaphragm seemed to be convulsed, and the respiratory movements were quick and irregular, and very painful. Several physicians were summoned, as it seemed as though suffocation was inevitable. Various remedies were used to relieve her as they seemed to be indicated. She was better next day, but had slight returns of the painful paroxysm, until a retroflexed uterus was replaced, when all of the painful symptoms disappeared. In due course of time she was cured of the endometritis, since which time she has had none of the epileptiform paroxysms at the menstrual periods.

Intercostal neuralgia, or pain in the side, especially the left side, is often a reflex symptom of uterine derangement, and has as concomitant symptoms either amenorrhœa or menorrhagia, accompanied by leucorrhœa.

Irregularity in the action of the heart is a frequent symptom of uterine disease.

A dry spasmodic cough, which seems to be irrepressible, may be of uterine origin.

The influence of physiological changes in the uterus upon the mammae is well shown in connection with the symptoms of pregnancy; but it is well to bear in mind that pathological changes in the uterus are also capable of producing marked changes in the appearance of these organs.

Milk is frequently secreted in the breasts; they become larger, more sensitive, whilst the areola about the nipples becomes darker, from the presence of fibroid tumor in the uterus, in endometritis, and ovarian dropsy.

Cases of atrophy of the uterus have been reported in which there was an uninterrupted flow of milk from the breasts.

According to Simpson, swelling and darkening of the areola about the nipples often occurs one or two weeks before or after the membrane is expelled, in cases of membranous dysmenorrhœa.

The neuralgic affections referred to the face and head, due to uterine irritation, are innumerable, and the mental conditions produced from the same cause are varied and peculiar.

Dr. J. Braxton Hicks refers to a pain extending to the side of the clitoris as a reflex symptom of abrasions of the os, which disappears as the abrasion heals, but influences the mental and moral conditions of the patient, often very profoundly, as long as it lasts, being capable of producing nymphomania, or leading to masturbation in many instances.

Some authors claim that vaginismus plays an important

part in the etiology of mental derangement in the female. We will probably never know how much of insanity to attribute to brain disease and how much to attribute to moral or mental influences and uterine derangements.

Dr. R. Schroetter, physician to the Insane Asylum, Schweitzerhof, taking as a basis for his observations two hundred and twelve female patients, one hundred and ten of whom were married and one hundred and two unmarried, found, as a result of careful observation, that in the great majority of cases a menstrual irregularity of some kind existed, which, however, did not ordinarily become prominent until the psychosis itself had developed, and frequently disappeared as the mental derangement subsided.

Melancholy and profound depression of spirits is an attendant upon hyperæsthesia of the vulva, irritable urethral caruncle, and most diseases of this character affecting the osteum vagina.

Despondency, malaise and weakness are symptoms common to most all uterine diseases.

Excessive nervousness is frequently produced by chronic ovaritis.

Sadness, tendency to weep, and a feeling of loneliness, with incapacity for mental efforts, are frequently complained of by patients suffering from corporeal endometritis.

But time will not permit of our dwelling more in detail upon the prominent reflex symptoms of uterine affections, as we wish to consider, in conclusion, the influence they should have in the treatment of these diseases.

From the fact that the uterus is not largely supplied with nerves from the cerebro-spinal system, it is not an acutely sensitive organ, and consequently pathological changes may take place within its structure without producing local pain; but as the uterus is intimately connected, by means of an abundance of filaments from the great sympathetic system, with the processes of organic life, the local affection of the uterus will soon make its impression upon all parts of the body until, as we have seen, the impression reaches, by a process of extension, even to the cerebrum, and alters the mental states and conditions, just as functional activity of other parts is altered and pain in different parts of the body is produced.

As the reflex symptoms are usually the last to make their appearance, and as they are the most painful symptoms of this class of diseases, they are the symptoms for which our patients mostly seek relief and for which we should first pre-

scribe. Our ability to remove these symptoms by the appropriate remedy is at once the greatest boon our system of practice offers to this class of sufferers, and, at the same time, the greatest danger it stands exposed to at the hands of its practitioners; for if the cause of the trouble is not recognized, we will be very apt to come short of *curing* the case, the relief only being temporary and the symptoms sure to return, not because the remedy or remedies chosen are not capable of curing the disease *in toto*, but because they are not allowed time to work out the cure.

When a patient comes to us who is anæmic, nervous and perhaps hysterical, complaining of loss of appetite, painful digestion, nausea and probably vomiting of food, we may prescribe for these purely reflex symptoms of uterine disease in this case and succeed in removing them, and so ameliorate her condition that she no longer feels the necessity for medical advice, and as pain, *the penalty of transgressing the laws of health*, has been removed, she is not reminded of the necessity for the observance of these laws any longer, and she relapses into her former habits of life, and is careless of herself, and soon finds all the painful symptoms returning. But if, guided by a knowledge of the cause of these symptoms, we have made the effort to trace out the nature of the difficulty which gives rise to them, and we find the uterine cervix uneven, velvety and granular, which, by means of the speculum, we find to be due to granular degeneration or ulceration of the os, we know positively that such a pathological condition cannot be changed into a healthy normal tissue-structure in the same time that we require to remove the reflex symptoms. We enjoin continued care, and, by allowing remedies their full influence, we will succeed in curing the case. Such cases require to be kept under observation and watched a longer time than many physicians are willing to devote to them, and good hygienic treatment is often as necessary as medicine. Whilst too frequent examinations of the female genital organs is a hideous crime, examinations made frequently enough for us to be able to assure our patients of the exact nature of the affection, and the progress of treatment and of the *cure*, is a duty we owe them, and we owe it to ourselves and our cause.

If we are content to cure only the reflex symptoms and do not recognize the cause, we will find in a certain percentage of cases that these symptoms will return again and again, because the uterine disease, which was the first to appear and

the last to disappear, has not had time to be removed, and the patients will get discouraged and accuse homœopathy of only helping them without curing them.

An eminent gynecian of the allopathic school has said that after an ulcer on the cervix has been healed by local applications, it mostly requires twelve months of tonic and hygienic treatment, with frequent assurances from the physician of the ultimate good results, before the patient will be relieved of her *painful* (reflex) symptoms. This seems like curing patients without relieving them; but *we* claim that the disease is not cured until the symptoms of disease have ceased to manifest themselves, and that without the hygienic and psychical treatment such patients would have a return of the ulceration.

The allopathic brother, however, has an opportunity to continue his hygienic, tonic and psychical treatment for twelve months, because the patient is seeking relief all this time from her sufferings, whilst the homœopathic brother will seldom have a chance to pronounce her well before she is so perfectly assured that but little was the matter that she passes from under his care without assuming any responsibility herself, and perhaps soon finds her pains have returned.

But are we justified in prescribing for reflex symptoms at all? They are often spoken of as illusory, imaginary and hysterical, and may be as frequently produced by other diseases as by uterine affections. Is it not more scientific to discard these symptoms and attack the point of irritation? To this we say emphatically, No! The ulceration, the retroflexion or the hyperplasia are but single symptoms of the disease, and we have nothing to do with them but to surround them by the most favorable influences for their removal and watch them until they are removed. A pathological condition, if local at first, so soon affects the whole organism that we have no longer a local disease to treat, and the reflex pains are a part of the disease and are none the less distressing for being called imaginary, illusory or hysterical, for every *pain* is distressing, no matter whether it is due to direct irritation of a sensory nerve or originates within a nerve-centre, and to leave it without a remedy, when we are in possession of remedies for it, is unscientific and unphilosophical.

We must look at all the symptoms of the case as we do at the hands of our watches, which indicate to us the movements of the complicated mechanism within, and without which none of us can tell whether all is not in harmonious working order.

T H E

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PUERPERAL FEVER, PERITONITIS, CHILDBED FEVER, ETC.

BY H. N. GUERNSEY, M.D.

(Read before the Pennsylvania State Homœopathic Medical Society, September, 1876.)

THE latter name I prefer to all others for this so-called disease, as being explicit in signifying what it really is, viz., childbed fever. For a very full natural history, diagnosis, prognosis, etiology, termination and treatment of this so-called disease, consult my work on *Obstetrics*, new edition, pp. 431 to 454, inclusive, and pp. 660 to 665, inclusive. According to the records of the best observers in medical literature it is evident that there are all grades and degrees of this disease, from the slightest variation of the natural standard of "lying-in" to its most violent and fatal form. Whatever be the name or nature of this malady according to the pathology of the old school, the pathology as marked by Hahnemann is the only one that avails in our practice. His is pre-eminently practical, and by his pathology alone can the best curative results be obtained. We will proceed to illustrate by citing to the student and practitioner a few of the most important remedies used in this form of suffering.

The intensity of the febrile symptoms, per se, never indicate a remedy. Their intensity does not indicate the need of Acon. or of Verat. vir., or of any other drug to be given in strong, appreciable doses, or otherwise, with the idea of forcing the pulse down and keeping it there for several days. No such treatment is *ever* admissible if the physician seeks to cure in the best possible way.

Acon.—This remedy is useful where there is a real synochal fever, pulse hard and rapid, skin dry and hot, thirst intense, pains sharp and shooting through the whole abdomen, which is very tender to the touch.

When the above group of symptoms is present there will surely be other symptoms equally characteristic. For instance, the mind is far from being at ease and composed; there is a constant restlessness, accompanied by a fear of death, or of some kind of danger; no change of position affords relief; there is sleeplessness and unrest in every particular. The bowels may be loose or costive; urine is generally dark and scanty. Lochia scanty or suppressed.

The above is the genus of Aconite. The great beauty of our practice lies in the fact that when a sick person exhibits this same genus as a whole in his or her malady, whatever it may be, and *Acon.*²⁰⁰ in solution with water, is given every half hour or so for a few times, the following changes will gradually take place: The patient will feel a little easier; the sharp pains will be less severe and less frequent; mental condition grows calmer; sleep begins to steal over the senses, and the symptoms generally begin to improve. The medicine should now be discontinued, and not be repeated unless there is a general recurrence of the symptoms. It is as important to observe this latter rule of Hahnemann's, to stop the medicine as improvement becomes apparent and wait upon its action, as that any medicine should be given at all. The physician who persists in repeating the medicine hour after hour and day after day will often entirely fail of a cure, and will do his patient harm.

Another remedy should by no means be administered at present. Let Aconite do its whole duty, and *do not repeat* so long as a favorable action is apparent, whether the time be extended to two or three days, a week, or even a month. In a large majority of such cases as the above, *Acon.*²⁰⁰ will cure *completely* if its repetition be *discontinued* so soon as favorable action becomes apparent.

Apis mel.—Stinging, thrusting pains, similar to the stings of bees; absence of thirst; urine scanty; dyspnœa. This group being present, there will also be great restlessness, tossing and turning without the least relief.

The stinging, thrusting, or plunging pains, are in the abdomen, and are often so severe as to make one cry out. One

feels strangely, as if about to die, but there is not the fear as in Acon. Very high fever, pulse rapid. If Acon. or Verat. viride be given in a case of this kind to force down the pulse, there would be no hope for the patient's life; but if a teaspoonful of Apis^{2c}, in watery solution, be given every half hour, the stinging pains soon subside, rest is secured, the pulse comes down, and the patient makes a rapid recovery, provided the repetition of the dose is governed by the rules laid down in the *Organon of the Healing Art*. How different the genus of this remedy from the preceding!

Arn.—If mechanical injury has been sufficient to cause the difficulty, the patient will be restless, will ache all over, and feel tired. *The head feels very hot while the body feels cool and often chilly.* This symptom is *entirely subjective*, sensation of hot head and cool body. The head feels so hot she is alarmed about it and is sometimes afraid to sleep. In cases similar to this, Arn.^{2c} will very soon settle the disturbance without any other remedy. But, as in all other cases, the medicine must be discontinued so soon as improvement is manifest, and held in abeyance for repetition.

Ars.—Burning, throbbing, lancinating pains; burning like fire. Great restlessness and anguish with fear of death. She is *sure* she will die. Thirst for frequent sips of water, only a little at a time; cold water aggravates her symptoms. She wants more warm covering, wants to be wrapped up; sensitive to cold air; the least effort exhausts her, as rising to the chamber, turning over; every physical effort makes her feel very weak. If she has loose bowels the stools will be very offensive. Pulse very rapid. Skin dry and hot, or it may be cool and damp.

There is a genus unlike any other remedy, and nothing but *Ars.* will answer to cure. *Ars.*^{8m} repeated every half hour for a few times, and the cutting, burning pains subside rapidly, the exhaustion ceases, and the patient will make a rapid recovery; but the medicine must be discontinued after improvement is manifest.

*Bellad.**—If when lying still and well covered up, cold creeps run down her body at intervals. If not delirious she is apt to be dull and stupid; feels sleepy and dreamy, yet does not sleep soundly, is in a semi-wakeful condition. Now, Bell.^{4m}

* In addition to what is mentioned in my *Obstetrics*.

or ^{41m}, once in two hours, will make such a change after the third dose that she will probably need no more medicine for some days, if at all. Wait patiently so long as she improves, *without a repetition*; it is certain that unnecessary medication is always hurtful.

Bry.—Besides the indications given in my *Obstetrics*, deep inhalations are painful; often there is stitching in the abdomen. Thirst for large quantities of cold water at every draught, but not so very often. She cannot lie upon either side. Lochial discharge often very offensive. In such a case *Bry.*^{2c} in water, perhaps every half hour or one or two hours, according to the violence of the attack, brings a slight improvement very soon. The intervals of dosing must then be placed further apart, and as improvement becomes well established the medicine must be stopped entirely, when the cure will progress far more favorably than by constantly dosing.

Kali carb.—This is one of the most important remedies for post-partum troubles in the whole *Materia Medica*. In childbed fevers it is one frequently indicated. In addition to what is mentioned in my work on *Obstetrics*, the stitches come during perfect rest and are not dependent upon motion of any kind. Also the abdomen is frequently found to be *much* distended with flatulency. Great exhaustion, with a sort of stupidity; does not seem to care for anything. Pulse very rapid and small. Urine often very scanty and dark. My choice preparation is the 4^m potency. If the pains are very distressing I give a teaspoonful of a solution in water every half hour till manifest relief is obtained, and then at intervals of one or two hours, and if the improvement continues, stop the medicine entirely and wait for new developments. Sometimes a repetition will be necessary, but frequently no more medicine will be required. Of course to satisfy the parties immediately concerned it will often be necessary to give a teaspoonful of water occasionally with a few unmedicated pellets dissolved. If the case be not so very painful and acute, instead of repeating every half hour, give once in two hours till improvement is manifest, then cease and wait for further developments.

I have cited the practitioner to only a few of the more important medicines for this formidable complaint. For a still greater number see my *Obstetrics*. Not one is there mentioned that has not done me good service in the above form of trouble. For a still larger number look to the *Materia*

Medica Pura. It is *necessary*, in order to make the best kind of cure, if possible to find *the* remedy for the entire case without a change. *The more care used in the selection the surer we shall be to cure without a change.* The practice of giving Acon., or Veratrum viride or any other drug in large doses to force down the pulse, and to keep it there by main force of the drug, is a practice calculated to do much harm and must lead to many a fatal issue, and besides, such a practice is entirely unnecessary. The medicine that is strictly homœopathic to the case, given in the 200th potency or much higher, will cure, and that speedily and safely, provided it is not repeated too much after the cure fairly commences. I have written the above simply as an encouragement to all such physicians as are disposed to practice homœopathy purely and correctly. I am satisfied by this mode of practice we do the largest amount of good to humanity and to the profession. By this method we approach more and more to a state of certainty in the practice of medicine, and certainly this is what we want and are daily striving to attain.

I will now state a few differential symptoms which characterize each of the preceding remedies.

Acon. has its peculiar fear, restlessness and anxiety, as no other drug has. It will be perceived the patient looks upon his symptoms with anxiety and dread, and does not feel calm a moment. The dry skin and thirst and the sharp shooting pains are pretty sure indications for this remedy.

Apis.—Here the stinging or thrusting pains similar to the bee sting are a pretty sure guide to its use. Next the scanty urine, the absence of thirst and the restlessness complete the picture. Repetition should not be continued nor another remedy be given soon after these prominent symptoms abate. Wait for hours and days and see the whole cloud disperse.

Arn.—The mechanical injury, the sensation of hot head and cool body and the bruised sensation are all sufficiently characteristic. Often no other remedy is required, but cease dosing as soon as possible.

Ars.—The burning lancinating pains, burning like fire, fear of death, thirst for frequent sips of water, the exhaustion, all point so strongly to Arsenicum that hesitation need not be long.

Bell.—Extreme sensitiveness to the least jar of the bed or floor, the stupidity, the sudden appearance and disappearance

of the pains, the character of the pains in the abdomen, clutching, very forcibly remind the practitioner of Bell.

Bry.—Aggravation from the least motion, the state of the mouth and lips, the thirst, the effect of the erect posture in bed, would certainly remind the practitioner of Bry.

Kali carb.—The stitching pains, those that occur when perfectly at rest, independent of respiration or motion, and so of the other pains for this remedy, force one to think of Kali carb. Also the extreme tympanitis points to Kali carb.

CONSERVATIVE TREATMENT OF COMPOUND FRACTURES.

BY CHARLES M. THOMAS, M.D., OF PHILADELPHIA.

(Read before the Pennsylvania State Homœopathic Medical Society, Sept. 28th, 1876.)

THE first thing commanding the attention of the surgeon in any case of severe compound fracture is, whether an attempt shall be made to save the limb or shall amputation be performed?

This is frequently one of the most difficult and trying questions which he is ever called upon to decide. Although the idea of getting rid of the mangled and lacerated part at one stroke, and substituting for it a smooth clean wound, may be very enticing, still, we dare not lose sight of the great mortality following amputations, even under the most favorable conditions. And again, though we may be very much tempted to endeavor to save the patient's limb, and perhaps be almost overpersuaded by the appeals of the sufferer and family, we cannot but bear in mind the numerous dangers incident to the life of the patient which we have to cope with, in gangrene, hæmorrhage, pyæmia, etc.

The ideas of surgeons upon this point have undergone a very material change within the past fifty years. Amputations were formerly done in a case of compound fractures on what we would now be tempted to call a slight provocation. Dupuytren says, speaking of these accidents, "On one point my opinion is unchangeable. In rejecting amputation in them more lives are lost than limbs saved." At the present day, in any ambiguous case, where there is any reasonable doubt as to the expediency of the amputation, it is avoided. But even with the best possible light to guide us, the advisability of amputation will at times become a most distressing and vexing question, and for its determination a great number of

circumstances have to be taken into consideration, but above all, it is to be remembered that no precise or fixed rules can be laid down which will prove a sure guide in all cases. In every instance the surgeon has to decide by a faithful examination of each individual case, for each will be found to present points peculiar to itself alone, bearing in mind always that it is far more honorable for him to save a single limb than to have performed numerous successful amputations.

The following cases, occurring in my practice within the past eighteen months, are offered as illustrations of the successful treatment of accidents which at one time would in all probability have been surrendered to the knife.

CASE I.—Was requested by Dr. Posey to see Eddie N., æt. 13, who had been thrown from a horse, receiving an injury to his arm. I saw him a few hours after the accident, and found an injury of the left elbow-joint, which was already considerably swollen and very painful. There had been and still was bleeding from a lacerated wound about two inches long over the inner condyle. Etherizing the patient, I introduced my finger into the wound and discovered a fracture of the internal condyle, running into the joint. Both bones of the forearm were luxated backwards, so that I could readily pass my finger over the articular surface of the humerus. I was much inclined to resect the joint, fearing the ill consequences of so great an exposure of its surface, aggravated by a fracture passing directly into its cavity. Indeed, according to very recent authority I should have felt perfectly qualified in operative interference, but finally yielded to the wishes of the family and decided to treat it without. After reducing the luxation I syringed out the cavity of the joint with a solution of carbolic acid, one part to twenty of water, and united the wound with wire sutures. Compression was then made over the soft parts about the joint by means of adhesive plaster, the whole limb enveloped in a snug roller bandage and placed in an anterior angular splint. Acon. 3^x every second hour. I did not attempt to seal the wound hermetically, as I had no opportunity of applying a complete antiseptic dressing.

Patient was quite comfortable for two days, but at that time the oozing of bloody serum from the wound and pain at the joint necessitated a change of dressing. I now applied over the dorsal surface of the arm and forearm a padded angular splint, furnished with a bracket, uniting the two parts

so that the elbow was free for changes of dressings. The splint was fastened to the limb by turns of a broad roller bandage, and the whole swung by a cord from a bar running out from the headboard. Used for the next few days a cold-water dressing. Rhus every three hours. Removed the sutures and plaster about the eighth day, at which time the joint was rapidly swelling and becoming very painful. In the second week, finding suppuration inevitable, began applying flaxseed-meal poultices, covering in the whole elbow. Hepar 3^x four times daily. Pain in joint was at times so severe as to require the use of occasional doses of morphine, in order to give the patient rest. Temperature second day after the accident 100° F., pulse 98; a gradual increase from this time to the end of the third week, when I opened a large abscess which pointed over the outer condyle, the temperature then standing at 102.8° F. and pulse 116. The evacuation of the pus gave great relief to pain, and was followed by a lowering of the temperature and pulse within two days to 100° F. and 90. From then to end of treatment the case progressed favorably. Pain but slight, sleep and appetite good, and temperature never higher than 101°, with a gradual but regular diminution to normal. At the end of the fifth week attempted passive motion, but the extreme tenderness of the parts caused too much resistance on the part of the patient. Ten days later, however, succeeded in moving the joint somewhat, and continued the motion from then daily to end of treatment. At the end of the ninth week, although there was still some discharge from the wound, I discontinued my visits, leaving instructions for the parents to keep up the motion. Saw the case six weeks later, at which time the arm had become quite useful,—the motion so much increased as to enable him to use a comb for his hair, his fork at table, etc.

CASE II.—Was called to Mr. R., whose hand had been badly injured by a circular saw a few hours before. Found the second and third fingers of the left hand literally cut into pieces, and their metatarso-phalangeal joints laid open. The index finger was badly lacerated, and the first and second joints cut almost entirely through; the head of the second phalanx considerably shattered; the phalangeal joint of thumb also crushed into.

The two middle fingers I amputated at the metatarso-phalangeal articulations. The first joint of index I cleansed

with weak carbolic acid, and closed tightly with sutures and collodion; the second being so much damaged in the bone, I resected, employing the small saw for removing the ends of the bones, in order to avoid the osteitis which so often follows the use of the crushing bone-pliers. The thumb-joint I also resected in the same manner. All the wounds were then thoroughly cleansed with carbolic acid solution, and covered closely with Lister's boracic acid lint; over this was placed a layer of oil silk, and all bound up with numerous turns of Lister's antiseptic gauze. Seven days after, the dressing was removed, when the stumps of the middle fingers were found nearly united; the others not so far advanced, but doing well. Now used the wet carbolic acid dressing to the end of the treatment, with the exception of poultices to the distal index-joint, which suppurated freely. In about three weeks the case was dismissed, with the amputation stumps perfectly sound, some motion at the first index-joint, the other two, which had been resected, being completely ankylosed. The index finger was allowed to remain straight at the request of the patient, who wished it so, to guide his work properly.

CASE III.—H. R., æt. 20, had his foot caught between cog-wheels about 5 P.M., and at the request of Dr. Karsner, his physician, I was sent for about ten in the evening. Found a ragged wound running from under side of second toe across the base of great toe. Introducing a finger into the wound, discovered that it led into the metatarso-phalangeal joint of great toe, and that the head of the metatarsal bone was much splintered, although the rough pieces were not readily movable. The wound was cleansed with pure water, closed with silver wire, a compress of boracic acid lint placed over it, and the toes and whole foot enveloped tightly in an ordinary muslin roller.

On my way home, regretted that I had not enlarged the wound and removed the splintered bone. Five days after, the dressings and stitches were removed, at which time there was a slight sanguineous discharge from the wound, but little swelling and no pain except on pressure. From that time to the dismissal of the case ten days after, there was not a single untoward symptom, not even enough pain to prevent sleep, the joint being left with considerable power of motion.

CASE IV.—On the 21st of June last, saw with Dr. Ashton Mr. T., who had a few hours before fallen from a scaffold. He had been carried to his home, a distance of more than a

mile, bleeding profusely all the while from a cut on the left ankle. I found him pale and weak from loss of blood, which was still running freely from a large lacerated wound just under the inner malleolus, and also from a smaller opening about the middle of and inside the crest of the tibia. The removal of the clots and dirt from the lower wound was followed by a violent spurting of bright-red blood, which on further examination was found to come from the divided posterior tibial artery, and this being immediately ligated in the wound, the active hæmorrhage soon ceased. Exploration with the finger in the depths of the wound revealed the line, two inches long, of fractured bone, probably the sustentaculum tali, but this seemed too firmly imbedded to call for removal. In the tibia were two oblique fractures, about three inches apart, the opening through the soft parts having been caused by the superior fragment of the upper fracture. The fibula was also broken on a level with the lower fracture of the tibia.

Although very forcible extension and counter-extension were used, considerable difficulty was experienced in forcing the fragment of tibia lying between the two fractures into proper position, but this was finally tolerably well accomplished, and the opening over the tibia closely sealed with cotton-wool soaked in collodion. The wound at the ankle was closed with silver wire, adhesive plaster, and a firm muslin compress. Having no splints at hand, the limb was enveloped in a close bandage, and laid on an inclined plane of pillows. From June 23d to the 3d of July, the bran dressing and fracture-box were used. The wound over the tibia remained perfectly closed, but that at the malleolus suppurated freely, requiring the removal of the sutures and plasters, to allow of free drainage. Appetite and sleep were but little interfered with after the first week. Pain at times considerable about the ankle, but not nearly so severe as might naturally have been expected. Acon. with occasional doses of Rhus were given for the first two weeks, then Hepar. low, until August 30th, when Silicea 30^x was substituted.

On the third day after the accident the temperature stood at 101°, pulse 90, increasing gradually but regularly till July 2d, when the thermometer marked 104°. On opening the fracture-box that evening, discovered the bran below the leg soaked with blood, and, on removing the dressing, found the posterior tibial artery spurting freely, the ligature having

come away. With a good deal of difficulty the artery was again ligated and the hæmorrhage arrested. Fearing, however, that a second accident of the same sort might not be so promptly discovered, I removed the fracture-box, and placed the leg on a narrow curved double-inclined plane.

On the 7th the temperature had fallen to 100.5° ; but on the 9th had risen again to 103.5° , accompanied by increased pain and swelling at ankle. On the 11th opened good-sized abscess on outer side of ankle; temperature 103.5° ; on the following day temperature 102° , and the day after 100° .

On the 14th, patient was quite comfortable, with temperature 99.5° , but owing to the difficulty in keeping the heel free from the discharges, and as there was already considerable redness and tenderness, decided to change the inclined plane for a Smith's anterior splint. Some difficulty was at first experienced in suspending the foot properly, owing to the presence of the suppurating openings on either side of the ankle; but finally succeeded by fastening broad pieces of adhesive plaster along the whole length of the sole, attaching their free ends above the toes to the top of footpiece of splint, these straps being bound firmly in position by circular pieces round the ball of foot and instep. This arrangement suspended the whole limb in a proper and comfortable position and allowed of free access to the ulcers at the ankle, which were now dressed with flaxseed-meal poultices covered in with oiled silk. Up to the 20th of July the temperature varied little from 100° , when the mercury rose rapidly; and on the 22d I opened two more abscesses near the first, the temperature standing at 103° . I now discarded the poultices, and used a dressing of *Cosmoline*, covered in with oakum. On the 24th the temperature had lowered to 99.5° ; but in the evening of the 26th, with temperature at 101° , opened a fourth abscess on outer side of foot, and on the 30th a fifth, temperature at 102.5° . Now began the administration of *Silicea* 30^x , which was continued without change to end of treatment. After the discharging of the fifth abscess the temperature fell to about 100° , and varied but little from this until September 10th, when a sixth abscess on the inner side of ankle was evacuated, the temperature standing at 103° . This was followed by a permanent though gradual lowering of the temperature to normal.

The Smith's anterior splint was removed about August 25th, with the fractures in tibia and fibula thoroughly united,

and presenting but little deformity. At present writing (September 25th, three months from date of accident), there is still some discharge from both sides of ankle, but patient can get about the room on crutches, and has good motion at the ankle joint.

PSORINUM.

BY W. M'GEORGE, M.D., OF WOODBURY, N. J.

(Read before the West Jersey Homœopathic Medical Society, November 15th, 1876.)

As one of the Bureau of Materia Medica, I invite your attention this morning to the characteristics of a remedy that is almost unknown to some. I refer to *Psorinum*. Like many other remedies against which a dislike is taken for some real or supposed reason, it is neglected and passed over without a moment's consideration. That there is great abhorrence and loathing of this drug by many of our best and most successful physicians I admit, and yet *prejudice* alone lies at the bottom of this.

Jahr in his *Symptomen Codex* does not mention it; other remedies not half so valuable can there be found, but nothing can be seen in it about *Psorinum*; we look in vain for a proving of it in any of the older works on Materia Medica, but in Lippe's work we find 123 symptoms. To Professor Lilienthal, of New York, are we indebted for our most voluminous proving, and for the fullest study of this drug. By referring to his quarterly, the *North American Journal of Homœopathy*, vol. vi, new series (November, 1875), we find a masterly paper, and a very interesting one; 438 symptoms are there given, translated from Stapf's *Archives*, and a review extending over ten pages gives the opinion of the authorities of our school, German and American, on this drug.

In the *Hahnemannian Monthly* (vol. iv, p. 398) Dr. James B. Bell, of Maine, a thorough homœopath and a keen observer, gives a good paper; in fact, it was his paper that encouraged Lilienthal to make the translation and study referred to above. In the *Medical Investigator*, vol. ix, p. 7 (January, 1872), Professor C. C. Smith (formerly of Chicago, now of Philadelphia), gives some excellent characteristics, as does Dr. Bell in his work on *Diarrhœa*, etc. Professor H. N. Guernsey, of Philadelphia, briefly refers to it in his lectures before the class, *Notes of Lectures on Materia Medica*, p. 159, and Dr. Hering, in his *Analytical Therapeutics*, vol. i, on

pages 84, 248 and 294, gives model cures effected with *Psorinum*. To all these sources I invite your attention, and from most of them I shall cull to-day. To Professor E. A. Farrington, of Philadelphia, I am under obligations for information about this drug; also to Professor M. Macfarlan, who has made a proving of *Psorinum* with the high potencies.

Where a symptom is "quoted" without any authority, it will be found in Lippe's *Materia Medica*; when S. L. follows it, to Dr. Lilienthal am I indebted, and the figures stand for the number of the symptom; if other authorities are "quoted," their names will be given in full; where no authority is given for a statement, or a symptom is given without quotation-marks, the writer of this article assumes the responsibility.

Psorinum (or *Psoricum* as some writers call it) is prepared by Hering "from the pustule of scabies," by Weber "from lichen agrius," S. L.; while two different names appear, they both may prepare from the same class. Scabies comprises agrius, lichen agrius being, according to Dunglison, "distinguished by pimples in clusters or patches, surrounded by a red halo, the cuticle growing gradually harsh, thickened and chappy, often preceded by general irritation." *Psorinum*, as its name implies, may be prepared from any of the products of cutaneous eruptions of a psoric nature, but personally I am not aware how any of the pharmacies prepare this drug. Like *Vaccinum*, *Variolinum* and *Hydrophobinum*, I ask no questions for conscience' sake, but take my potency, and exhibit it when called for, judging only of its reliability by the results following its administration. Like Dr. Bell, who says, "Whether derived from purest gold or purest filth, our gratitude for its excellent services forbids us to inquire or care," I ask not how it is made nor whence derived, but having a reliable preparation of it, hold fast to it and give it place where it belongs.

How many physicians there are, and some in our own Society, who will give *Mephitis putorius* in whooping cough so low or so strong that you can actually smell the skunk in it, who turn up their noses in contempt when asked to prescribe *Psorinum*, even in the high potencies? How many will prescribe *Coccus cacti* in the same disease so strong that the medicine might just as well be used as a dye, pouring down the remains of the dead bodies of these insects, *secundum artem*,

without fear and without reproach, and yet whose finer feelings revolt at the very name of the drug of which I speak to you to-day?

“ ’Tis true, ’tis pity,
Pity ’tis, ’tis true.”

But to the remedy and its pathogenesis. For the reason that more of you have Lippe’s *Materia Medica* than the *North American Journal of Homœopathy*, I shall refer mainly to the symptoms of this drug as found in Lippe, and because I am more familiar with them than with those published by Lilienthal.

Under “Mind and Disposition,” we find “anxiety about the future;” even when not sick and attending to his business, there is “despairing mood; he fears to fail in business.” (436) S. L. In sickness, he “despairs of recovery, thinks he is very ill, and in great danger not to survive the sickness; hopelessness.” This symptom differs somewhat from Aconite where there is “fear of approaching death; predicts the day he is to die.” Arsenicum has “great fear of death, and of being left alone, with anguish.” Platina has a horror of death, “anxiety, horrified by the thought that he would die soon.” Hopelessness is, I believe, a peculiarity of all the nosodes; at all events, Dr. Hering is given as authority for this statement. Again, under *Psor.*, “there is impatience, ill-humor, melancholy,” and the reverse “in good humor and full of fun,” “sentimental, cheerful, lively, enjoys everything.” S. L. The religious melancholy reminds of *Sulphur*, to which *Psor.* is analogous, but there is this difference: *Sulph.* has “melancholy, with anxiety about the welfare of one’s soul, and great indifference to the welfare of others,” a purely selfish feeling, while *Psor.* has religious melancholy, but the patient “can be brought into a state to receive religious truth;” at all events Lippe in his lectures before the class, gives us this as a condition of *Psorinum*.

The “head symptoms” are very valuable, comprising vertigo, congestion and sensation of fulness in head, while the scalp symptoms are numerous and good. “Congestion of blood to the head with red, hot cheeks and nose, redness of the eruption on face, with great anxiety every afternoon after dinner (during pregnancy),” should be remembered. It is for precisely this class of symptoms that many physicians use the lancet every month during the latter stages of gestation. Many times this course is urged by thoughtless persons upon us, but

if we had no other remedy to fall back on this would be sufficient.

The symptom of "fulness in the vertex, as if the brain would burst out, with formication in the head and a flickering before the eyes, preceding the headache, with objects dancing before the eyes, afterwards very heavy sleep," would indicate its use in many cerebral troubles, when unconsciousness or convulsions are apt to ensue. In cases like the above, or somewhat similar, where there is "light" instead of "flickering" before the eyes, *Gelsemium* would be more indicated. Again, when there was double vision or squinting with the congestion, *Gelsem.* would be the more indicated. If pathological conditions are of any use in determining the remedy, it might do to say that *Psorinum* would be more indicated in apoplexy and congestion and *Gelsemium* in meningitis and encephalomalacia.

The following symptoms of apoplexy are found only under *Psor.*: "Congestion of blood to the head, with heat, wakened him in the night, was stupefied; could not recollect what happened, and after sitting for awhile, had to rise to collect his senses." The "sensation as if he received a heavy blow on the forehead, awaking him at night, at 1 A.M.," is found only under *Psor.* If this sensation occurs at any other hour, *Psor.* would still be the remedy. The "aversion to having the head uncovered; even in the hottest weather does he persist in wearing a fur cap," is peculiar. Aggravation from uncovering the head we find under *Silicia*; aggravation from uncovering the head by cutting off the hair points to *Belladonna* and *Sepia*.

When there is a tendency to "styes" (hordeolum), or thickened or swollen eyelids, we must remember *Psorinum*. In discharge of pus from the ear, with headache (otitis media interna), we have a grand remedy in *Psor.* It must prove useful and should be more used in those chronic cases of otorrhœa following scarlet fever which resist the effects of or remain intractable to other remedies.

Lippe gives "loss of smell," "soreness of the nose," "sensitiveness of the mucous membranes when inhaling air," and Lilienthal gives the following symptom, that will, if verified, call for this medicine in nasal catarrh: "Tough nasal mucus; he can hardly do a minute without his handkerchief, and still he has no coryza; it feels as if he had a plug high up in the nose, which nauseates him, relieved by stooping." (273.)

The "sensation of a lump or plug in the throat which impedes the hawking up of mucus," makes us think of *Lachesis*, where the sensation of a plug prevents the patient from swallowing.

"Eructations smelling like rotten eggs," or tasting like rotten eggs, is a characteristic of this drug, as well as of *Arnica*, *Tartar emetic* and *Graphites*. *Arnica* has this symptom especially in the morning, *Tartar emetic* has it at night, and *Graphites* has it only in the morning after rising, going away after washing the mouth. Although *Arnica* has it principally in the morning, it will with some people remove this disagreeable symptom at any time. *Arnica* has also flatulence smelling like rotten eggs. *Chamomille* as well as *Psorinum* has stools like spoiled eggs, but it has not the eructations nor flatulence. *Psorinum* has all three, eructations, flatulence and stools like spoiled eggs. It is the only remedy in our *Materia Medica*, so far as I am aware, having this trio of disgusting odor. Many people are troubled with "egg-stomach," as they call it, after eating freely of peaches, or during the peach season. *Psorin.* will remove this trouble at once. Last summer a patient who was troubled this way, and had tried many things to relieve her, after suffering for one week, came and reported her trouble, and received *Psorin.*¹⁵⁰⁰, dry on the tongue. The first powder relieved her immediately, and there was no further complaint. Remember, then, this is a characteristic for its use in gastric or abdominal troubles.

Let us look at the "stool symptoms," and study them closely. Let me enumerate a few here, and they are all reliable: "Dark brown, thin, fluid stools; green mucus stools; stools mixed with blood; very offensive, horribly smelling stools; smelling like rotten eggs; frequent in character; worse during the teething periods of children and at night." Bell on *Diarrhœa*, p. 92. The "soft stool is discharged with great difficulty," reminding us of *Alumina* and *China*. With *China* it is from inactivity of the bowels; with *Alumina* it is from want of peristaltic motion of the intestines, occasioning great pressure to cause an evacuation; with *Psorinum* I should judge that this condition of things was from general weakness.

The "discharge of large quantities of blood from the rectum, with hard, difficult stool," and the "burning hæmorrhoidal tumors" remind us some of *Sulphur* and *Nux vomica*, but with *Sulph.* there may be considerable blood passed with a soft easy stool; there is prolapsus recti and burning and

stinging at the anus. With *Nux* the stools are small, insufficient, black and hard, and streaked with blood, as from inactivity of the intestines; the piles are painful and blind, more a feeling of soreness than of burning, as in *Psorin.*; in *Sulph.* they are more apt to be bleeding than blind, and often painless. *Nux* and *Psorin.* are more indicated in constipation than *Sulphur*.

The symptom "Stool during night nearly involuntarily; he can hardly reach the closet, and passes at the same time any quantity of flatus; the stool was of normal consistency," reminds us of *Sulphur* and *Oleander*. With *Sulph.* the patient is compelled to rise hurriedly after waking to avoid soiling the bed, and the stool is soft. With *Oleander* the discharge is almost involuntary, is *undigested*, without effort; the patient imagines he is only emitting flatulence. With *Psorin.* you will observe that he has the hurry of *Sulph.*, the flatulence of *Oleander*, but, unlike either of the others, the fæces were of normal consistency.

But it is in summer complaint or cholera infantum that one of the spheres of usefulness of *Psorin.* is found, and Prof. C. C. Smith, of Philadelphia, in an article in the *Medical Investigator*, vol. ix, page 7, thus refers to it: "*Psorinum* has been to me of infinite value in cases which did not respond promptly to the specifically indicated drug, the children having, in all cases, dirty, yellow, greasy skin, with a partially developed eruption on their foreheads and chests, with constant fretting and worrying. *Psorin.*⁵⁰⁰ in these cases was infallible."

Under "Sexual Organs" we find not only "impotence and aversion to the coitus," but "excessive, uncontrollable sexual instinct," two directly opposite conditions. Lilienthal gives the following: "*Perfect impotence* for four weeks (in a very robust man, able to do his duty during an embrace)," 263.

Under "Respiratory Organs" we find many good symptoms: "*Anxious dyspnœa, with palpitation of the heart, worse when sitting up, better when lying down*;" "pain (stitches) in the heart,* better when lying down," are characteristics. We find these symptoms only under *Psorin.*; nowhere else. They

* When Lippe, in Symptom 83, says "*worse when lying down*," it should read "*better when lying down*."

are reliable; they are true. In asthma, when the patient is compelled to lie down in bed, we have a friend in *Psorin.* that will not betray our confidence. Even in asthmatic attacks complicated with hydrothorax, where the pathological condition would indicate that it was impossible to lie down on account of the danger of suffocation, *Psorin.* will be called for, because the patient must lie down in order to get ease in these rare cases.

Another characteristic is this symptom, which may be considered concomitant to all the chest symptoms: "The wider apart the patient keeps his arms the better he can breathe, getting worse from putting the arms to the side."

Another characteristic is: "*Want of breath in the fresh air,* so that he has to hurry home in order to lie down," S. L., 299. This is a peculiar symptom, and yet a characteristic. My colleague, Dr. D. R. Gardiner, has repeatedly verified it. He says, where a patient, who is convalescing and goes out for a walk, instead of being invigorated as he should be, returns home in order to get his breath, or in order to lie down so he can breathe more easily, when he feels worse instead of better from being out in the open air, he always gives *Psorinum* with good results.

In "cough from tickling in larynx," "cough, with stitches in chest," "dry cough, with soreness of sternum," in "suppuration of the lungs," *Psorin.* must be consulted. In galloping consumption *Psorin.* may be of use.

The symptoms under "Back and Extremities" point to its use in inflammatory rheumatism and in all rheumatic troubles. There is also "weakness in all joints, as if they would not hold together," 363. "Very little labor exhausts his strength," 351, S. L. There is "*excessive backache*, a kind of stitching pressing," 332, S. L. "Boring pains in the dorsal vertebræ," "weakness in the small of the back," 336, 339, S. L. "Pain in the small of the back, worse on motion."

Under "Generalities" we find that the *Psorin.* patient becomes "very weak from the least exertion;" that there is "great debility from loss of fluids, or after severe acute diseases," if it continues and causes a good deal of perspiration.

Of the febrile symptoms, those under sweat are the most prominent: "Profuse colliquative perspiration," "perspiration profuse when taking the least exercise, or at night;"

“perspiration after typhus fever;” “perspiration in palms of hands.”

As may be inferred, the skin symptoms are numerous, and bear a striking resemblance to *Sulphur*. For eruptions on scalp, ears, face, or any part of the body, of a humid character, with swelling of the part affected, and “intolerable itching, especially in the evening and at night,” *Psorin.* is the remedy. “Itching and stinging in many places at the same time;” “intolerable itching from getting warm, in the evening, in bed; scratches himself till he bleeds;” “suppressed itch; suppressed eruptions,” etc., are also indications for its use. Under *Sulph.* you will remember the itching is temporarily relieved by scratching, soon followed by burning. A symptom of *dolichos pruriens*, having “intolerable itching all over the body; worse at night, preventing sleep; scratching increases the itching,” bears a striking resemblance to both, but under *dolichos* “there is nothing perceptible on the skin.”

Lippe, Symptom 120, gives the following brief review of *Psorin.*: It “is an indispensable remedy if debility remains after violent acute diseases; if profuse perspirations remain after typhus fever; in the evil consequences of suppressed itch, especially after large doses of Sulphur; if the patient is hopeless, despairing of his recovery.” He also says: “Many ailments are worse or come on when riding in a carriage and when exercising in the open air, and relieved by rest and in the room.” These last characteristics were given to me in almost the same words by my colleague, Dr. D. R. Gardiner, who thus confirms by practice the truth of Dr. Lippe’s statements.

Bönnigshausen employed “*Psorinum* in chronic diseases when other strictly indicated remedies failed to act, and he found that after giving *Psorin.* the same remedies were more efficacious,” S. L.

Lobethal calls *Psorin.* the “quintessence of the antipsorics.”

C. Hering gives a beautiful article, on “*Psorinum* and its Chemical Rescue,” in *North American Journal of Homœopathy*, vol. ii, p. 361.

Raue, in his *Annual Records*, gives many confirmations of symptoms cured by *Psorin.*

Burt, in his *Characteristic Materia Medica*, p. 418, refers to it, saying that *Psorin.* affects especially the great vegetative nervous system, and through this the lymphatics and skin.

Bell, of Maine, in *Hahnemannian Monthly*, vol. iv, pp. 398 and 399, gives some very interesting cases.

Dr. Weld gives an interesting case of rheumatic carditis treated by *Psorin*, in *Transactions of Massachusetts Homœopathic Medical Society*, p. 255, to which I refer you. Many other cases might be cited, but these are sufficient to incite you to a better and closer study of the drug.

It is a common remark that if some physicians do not know what to prescribe they give Sulphur. If the case is a little obscure, if psora is at all manifested, if there is any doubt what remedy to begin the treatment with, I should recommend a few doses of *Psorin*, to begin with. But there are three "ifs" here, and "if" the symptoms point clearly to one remedy, and one remedy only, no matter how many other ifs *might* be introduced into the case, give the indicated remedy.

One word about the potencies and I will close. For myself I prefer the high, and for years have used Jenichen's 1500th. I have occasionally used the 30th, but with no better results. I believe all writers prefer the high, except some of the Germans, who recommend the high in chronic cases and the low in cutaneous diseases.

In conclusion, if there are any who still refuse to be comforted, or could still reject entirely this drug, let me quote Carroll Dunham's remarks with which Lilienthal aptly closes his article on the same drug :

"It is probable that *whatever substance*, from whichever of the kingdoms of nature, has the power to modify or alter *in any way* any of the functions and tissues of the healthy body, is capable of being used as a remedy for diseased conditions. When we know how it alters and modifies the functions and tissues of the healthy body (a *proving* shows us *how* it does so), then the law *similia similibus curantur* teaches us in what cases to apply it as a remedy."

CORNUS FLORIDA AND SERICEA.

BY T. F. ALLEN, M.D.

THAT these two substances were not included in the *Encyclopediæ* was due to the fact that we were unable to obtain

access to the monograph of Dr. John M. Walker. Having come into possession of it, we make the following extracts:

The work is an inaugural dissertation in the University of Pennsylvania, 1803, entitled, *An Experimental Inquiry into the Similarity in Virtue between the Cornus Florida and Sericea and the Cinchona officinalis, together with an Inquiry into the Modus Operandi of Astringent Vegetables in Preventing the Putrefactive Fermentation, by John M. Walker, of Virginia.*

After the introduction and botanical description, the author details numerous and comparative analyses of these three barks. He afterward devotes considerable space to the details of experiments *showing their antiseptic properties*, next the styptic and astringent properties, and on page 43 commences his "Experiments on the Healthy System," as follows:

"The following is a synopsis of the effects of the different medicines and their different preparations on the healthy human body. And I must here observe, that the greatest attention was paid to obviate those circumstances which affect the pulse by myself as well as by my friendly fellow-graduates, who assisted me in these experiments, and whose names I with pleasure insert to be Messrs. Nassie, Downey, Wilson and Young, and my friend Mr. Gregg.

"To avoid unnecessary prolixity, I have only expressed the quantity and kind of medicine taken in each experiment, without inserting the name, time of day, etc., since it is to be presumed that every circumstance was attended to which could be favorable to the success of these experiments. And, to render them as satisfactory as possible, I have noted down the state of the pulse and the affection of the system in general, opposite to the time when they took place.

A SYNOPSIS OF THE EXPERIMENTS ON THE PULSE.

<i>Experiment 20.</i>		<i>Experiment 21.</i>		<i>Experiment 22.</i>	
30 grs. Pulv. Cort. Rad. Cor. Flor.		30 grs. Pulv. Cort. Rad. Cor. Seri.		1 gr. Pulv. Cort. Per. Rub.	
Min	Pulse.	Min	Pulse.	Min	Pulse.
0 62, soft, natural.		0 70, naturally full.		0 66, natural.	
5 62, slight change.		5 72, quick, soft.		5 68, no change.	
10 63, { full, heat at		10 73, " "		10 67, quicker, fuller.	
15 63, { stomach.		15 74, slight nausea.		15 67, " "	
20 65, quick and full.		20 76, full.		20 68, full and tense.	
25 66, full and strong.		25 76 nausea ceased.		25 69, " "	
30 68, " "		30 78 full and tense.		30 69, " "	
35 69, quick, tense.		35 78, " "		35 70, " "	
40 70, flushed face.		40 79, " red face		40 70, strong and reg'l'r	
45 70, tense, heat.		45 79, regular, hard.		45 71, " "	
50 70, increased.		50 78, full.		50 71, " "	
55 70, " "		55 78, " "		55 72, " "	
60 70, " "		60 78, " headache.		60 72, " "	
75 68, full, regular.		75 77, " quick.		75 71, slight headache.	
85 68, " "		85 75, " "		85 70, full.	
95 65, reduced in.		95 73, slight.		95 68, " "	
105 63, fulness.		105 70, decrease.		105 67, nearly natural.	

<i>Experiment 23.</i>		<i>Experiment 24.</i>		<i>Experiment 25.</i>	
*12 gr. of the Resin of Cor. Flor.		*12 gr. of the Resin of Cor. Seri.		*12 grs. of Resin of P. Bark.	
Min	Pulse.	Min	Pulse.	Min	Pulse.
0 62, soft, natural.		0 72, natural.		0 64, natural.	
5 62, slight disgust.		5 72, small.		5 64, full and regular.	
10 61, nausea.		10 72, { " and quick,		10 65, " "	
15 61, in a slight degree.		15 73, { considerable		15 66, " "	
20 62, quick and fuller.		20 75, { nausea.		20 68, " "	
25 63, " "		25 75, fuller.		25 68, " "	
30 63, " frequent.		30 76, full.		30 68, " tense.	
35 66, " "		35 77, " "		35 69, " "	
40 68, " "		40 77, " "		40 69, " "	
45 70, " "		45 79, " tense.		45 70, " "	
50 72, " "		50 80, " "		50 71, regular.	
55 73, " "		55 82, { tense, regular,		55 72, " "	
60 71, { " slight		60 82, { and flush'd face		60 72, " "	
65 69, { headache.		65 80, heat of the skin.		65 73, full, flushed face.	
70 67, full.		70 79, tense.		70 78, " "	
75 68, irregular.		75 79, " "		75 70, " "	
80 65, " "		80 77, full and softer.		80 66, " "	
85 63, " "		85 75, " "		85 65, { diminished in	
95 60, small.		95 72, " "		95 65, { fulness.	

* Obtained by the simple evaporation of the alcoholic tincture.

A SYNOPSIS OF THE EXPERIMENTS ON THE PULSE—*Continued.*

<i>Experiment 26.</i>		<i>Experiment 27.</i>		<i>Experiment 28.</i>	
12 grs. of Extract of Corn. Flor.		12 grs. of Extract of Cor. Ser.		12 grs. Extract of P. Bark.	
Min	Pulse.	Min	Pulse.	Min	Pulse.
0	68, { natural and	0	76, natural.	0	66, natural.
5	68, { soft, full.	5	76, soft and full.	5	60, full and strong.
10	69, quick and full.	10	77, quicker.	10	67, " "
15	70, " "	15	78, anxiety.	15	68, quick.
20	70, full.	20	78, full and regular.	20	69, " "
25	72, " agreeable.	25	79, " "	25	69, " "
30	73, { heat, tense and	30	80, tense, flush'd face	30	69, " "
35	73, { regular.	35	81, " "	35	70, full and tense.
40	74, " "	40	81, " "	40	70, " "
45	76, " "	45	82, " "	45	72, " "
50	77, fuller, tense.	50	82, " "	50	72, " "
55	77, " flushed face.	55	80, " "	55	72, " "
60	77, " "	60	79, { diminished	60	71, " "
65	77, " "	65	79, { in hardness.	65	70, " "
75	76, hard and tense.	75	78, " "	75	68, { diminished in
95	69, stron'r than nat.	95	77, soft and full.	95	67, { strength.

<i>Experiment 29.</i>		<i>Experiment 30.</i>		<i>Experiment 31.</i>	
*12 grs. of Gum of Cor. Flor.		12 grs. of Gum of Cor. Flor.		12 grs. of Gum of P. Bark.	
Min	Pulse.	Min	Pulse.	Min	Pulse.
0	62, natural.	0	64, natural.	0	72, natural.
5	62, { slight change	5	65, full and regular.	5	72, no change.
10	63, { in fulness.	10	65, " "	10	73, fuller.
15	65, full and quick.	15	67, { quicker and	15	75, " and quicker.
20	66, " "	20	67, { fuller.	20	75, " "
25	67, " "	25	68, " "	25	77, tense.
30	70, fuller and regul'r	30	71, tense and strong.	30	78, " "
35	70, " "	35	71, " "	35	80, " "
40	70, " "	40	72, " "	40	81, full'r and stron'r.
45	71, moderately.	45	73, " "	45	82, " "
50	70, tense.	50	71, slight change.	50	82, " "
55	70, " "	55	70, full.	55	82, " "
60	69, " "	60	69, " "	60	80, quick and full.
65	69, " "	65	68, " "	65	79, " "
70	68, soft, but full.	70	68, { quicker than	70	76, " "
75	64,	75	67, { natural.	75	75, above natural.

* By evaporating the aqueous solution.

A SYNOPSIS OF THE EXPERIMENTS ON THE PULSE—*Continued.*

<i>Experiment 32.</i>		<i>Experiment 33.</i>		<i>Experiment 34.</i>	
2 oz. of Decoction of Cor. Flor. R.		2 oz. of Decoction of Cor. Ser. R.		2 oz. of Decoction of P. Bark.	
Min	Pulse.	Min	Pulse.	Min	Pulse.
0	66, natural.	0	68, natu'l and quick.	0	62, natural.
5	67, { increase in	5	68, " "	5	62, soft.
10	68, { strength and	10	69, fuller.	10	63, "
15	68, { fulness.	15	70, "	15	65, quicker.
20	70, " "	20	71, " quicker.	20	65, with fulness.
25	72, " "	25	71, " "	25	67, "
30	72, " "	30	73, " "	30	68, "
40	77, tense and strong	40	74, " "	40	69, { considerable
50	80, " "	50	74, { flushing of	50	71, { tension.
60	80, bounding.	60	76, { the face.	60	72, " "
70	78, { slight pain in	70	80, full and strong.	70	73, " "
75	77, { the head and	75	79, " "	75	71, { tense, with
80	74, { flushing of	80	76, { slight affection	80	77, { flushing of
90	73, { the face.	90	73, { of the head.	90	69, { the face.
100	67, quick and soft.	100	70, quick pulse.	100	66, full and quick.

<i>Experiment 35.</i>		<i>Experiment 36.</i>		<i>Experiment 37.</i>	
2 oz. of Infusion of Cor. Flor. R.		2 oz. of Infusion of Cor. Seri.		2 oz. of Infusion of P. Bark.	
Min	Pulse.	Min	Pulse.	Min	Pulse.
0	72, natural.	0	76, natural.	0	64, natural.
5	73, quicker.	5	76, { slight change	5	64, no change.
10	74, "	10	79, { in quickness.	10	66, quicker.
15	74, "	15	80, fuller.	15	68, "
20	75, fuller.	20	81, quick and full.	20	69, fuller.
25	76, "	25	82, " "	25	70, "
30	78, full and tense.	30	84, " "	30	72, { tension
40	79, " "	40	84, tense.	40	73, { increased.
50	81, " "	50	85, "	50	74, "
60	84, " "	60	87, "	60	76, full and tense.
70	84, strong.	70	85, "	70	76, " "
75	83, "	75	84, "	75	76, " "
80	81, "	80	82, heat of the skin.	80	74, " "
85	79, { flushing of the	85	79, "	85	74, full.
90	78, { face.	90	79, quicker.	90	73, "
100	75, above natural.	100	77, "	100	66, above natural.

I have but little to add on these experiments. From the difficulty of performing them, from the long and constant attention they require, and the difficulty of avoiding every circumstance which, though insignificant in itself, often affects the pulse in a considerable degree, it is not pretended but some slight inaccuracy may have been noted down; but it is hoped they will show the resemblance between the three medicines. They likewise will show the greater solubility and quicker action of the *Cornus Florida*.

The *Sericea* appears to be next. This agrees with their chemical analysis. Their regularity and durability of action is likewise apparent, for in no one of them did the pulse return exactly to its natural state, but was often fuller and stronger, and always quicker.

EXPERIENTIA.

The little opportunity of applying a new medicine to practice by the student of medicine must be known to every one. It will not, on that account, be expected that many experiments on the diseased subject will be related. However, from the kindness of Dr. Church, to whose friendship and attention I am greatly indebted, I shall relate the success of an experiment with the *Cornus sericea* in the case of an intermittent fever which came under the Doctor's direction.

April 13th, 1803. W. F., aged 34, was taken with a chill about 10 o'clock A.M., which continued four hours, and was succeeded by a fever, which lasted ten hours; it went off in the ordinary manner by a copious perspiration.

14th. Free from fever, but debilitated.

15th. A similar paroxysm as on the 13th.

16th. As on the 14th. He now commenced with the arsenical solution of Fowler, in the dose of ten drops three times a day.

17th. Had another severe paroxysm. The drops were now omitted and blisters applied to his wrists.

18th. He had given him six papers of the *Cornus sericea*, containing a half drachm each, to be taken three times in the day.

19th. Free from fever. His intermittent has not returned, May 10th.

The following is a case afforded by my friend and fellow-graduate, Mr. Hutchinson, in his own words:

On the 25th of April, 1803, I was desired to visit Samuel Anderson, aged 30, with an intermittent fever. I found his pulse active, tongue furred, and his skin warm; he complained of pain in his head and back; he informed me he had had two paroxysms previous to my visit. Four grains of Tartar emetic were given him, which produced a copious vomiting.

On the morning of the 26th I found him free from fever, and ordered 30 grains of Cort. Peru. to be taken every two hours. This was continued until 11 o'clock A.M. of the 27th, when the paroxysm returned.

28th. Finding him free from fever, I gave him 20 grains of the *Cornus sericea* in powder every three hours, which was continued for several days. He has had no return of his fever, May 6th, 1803.

It may here be added, that this species of the *Cornus* was used by the physicians of the French army in America during the Revolution, as a substitute for the Peruvian bark.

On the subject of the *Cornus Florida* I have received a communication, through the hands of my friend and fellow-graduate, Mr. Warmesley, from Dr. Amos Gregg of Bristol, Pennsylvania, which will be found doubly interesting; first, because it comes from a practitioner whose success and zeal for the promotion of medical science endears him to his medical brethren; and secondly, because his opinion of the *Cornus Florida* is founded on an experience of twenty-three years' practice with it. The following is an extract of the communication:

"About the year 1778, during the American Revolution, the great scarcity and high price of the Peruvian bark, and the embarrassment from the want of it, induced me to search for a substitute. With this intention I tried the yellow poplar, in which I was disappointed. The common dogwood (*Cornus Florida*) was the next which I selected, and having at that time the intermittent fever, I took several ounces of the decoction of it, which effectually cured me, though it produced some pain in my bowels, which was relieved by a few drops of laudanum. This property of affecting the bowels with pain I found it to possess only in its recent state, and never after it was twelve months old did I find it disagree in exciting pain, cathartic or emetic effects. I have, therefore, at different times, had considerable quantities well dried and pounded, so as not to be without it in my shop, for twenty-

three years. During which practice I have found its virtues such as to convince me that it was not inferior to the Peruvian bark in curing intermittents, nor inferior as a corroborant in all cases of debility. I must observe, however, that I have generally given the dogwood in doses of 35 grains, which I have always found equal to 30 of the Peruvian bark. I have used the dogwood in several other cases, the most interesting of which are, first, in a dropsical patient, who, after a few days of violent pain in his legs, had them swelled to a very large size and considerably inflamed; soon after, small blisters appeared upon them, which in eight-and-forty hours turned of a dark purple color; at this time I gave him 30 grains of the dogwood in powder, with 6 grains of Virginia snakeroot every half hour for two days, and once an hour for the succeeding twenty-four hours. The man recovered.

“The other was a patient who by accident had a great portion of the muscular part of his leg torn off. The weather being excessively warm, the purulent discharge soon became very great and offensive. I gave him the dogwood joined with the snakeroot as above. The man soon recovered, and is now living. I have often used the dogwood, joined with Gentian, Columbo, Chamomile, and with aromatics in bitters, and have found it equal to the Peruvian bark, and therefore concluded it is a valuable medicine.”

CANCER CURED BY ELECTRICITY AND HOMŒOPATHY.

BY J. H. RAE, M.D., SYRACUSE, N. Y.

AT the time the cure was effected, and several times since, I have been urged by friends and homœopathic physicians to publish a history of the case for the benefit of the profession, but business matters and a long absence in the Rocky Mountains prevented my doing so.

This case is peculiar, and at the time of cure, 1869, created considerable excitement. What gave prominence to it was that H. Marion Sims, the eminent surgeon, twice operated surgically, each time removing the tumor with the knife. The first operation, removing tumor from left breast, was performed in Paris in 1868, after English and French surgeons had pronounced it too dangerous for them to attempt; the second operation, removing tumor from under left arm, was accomplished in February, 1869, at the St. Cloud Hotel, New York

City, by Dr. H. M. Sims, assisted by Dr. Nott; thus the character of the tumors is well authenticated. Upon the appearance of the third tumor on the right breast, Mr. Davis being by this time too reduced physically to admit of a third surgical operation, was advised to try electricity. Dr. Neftel, a Russian physician and electrician, was applied to, and as Mr. Davis afterwards informed me, performed several operations without much, if any, effect; after this I believe Dr. Neftel applied electrolysis or puncture, but this was very weakening, or supposed to be so, and Mr. Davis came to Syracuse. Upon his arrival he and his friends urged me to undertake the case. I hesitated some time, thinking that I might possibly be interfering with Dr. Neftel, but upon Mr. Davis's assurance that it would not, I consented, and give below the facts of treatment.

May 12th, 1869. Made examination; found tumor about the size of a large hen's egg, shaped like a bean, just below and to the right of the nipple on the right breast; the tumor exhibited several small red spots, where the electrolysis had been applied; the case being so well known, I made no further diagnosis, but proceeded at once to operate.

I will here state that I used a two-cell Smee battery with a machine not yet in market, but since then I have perfected the machine, and in March it can be seen at Boericke & Tafel's, New York.

I used the *primary* current, half strength, passing it through *silver electrodes made for this case*. The negative electrode was placed on the breast, about two inches from the tumor; the positive I placed upon various parts of the tumor, moving the negative to correspond with the moving of the positive; operated about twelve minutes; the patient exhibiting signs of exhaustion, I stopped.

Before applying the electricity, I made the skin moist with tincture *Thuja occidentalis*, reduced one-half with water. I gave one pellet No. 35, Aconite^{3d}. *Same evening* gave another operation, this time using the superinduced or attenuated current, giving what I denominate constitutional treatment, applying the negative at the lower extremity of the spine (coccyx), manipulating with positive the entire length of the spine, also over the breast and stomach, finishing with a few passes on the head. Gave one pellet Nux, same as Aconite.

May 13th. Repeated operations same as day before; gave no medicine.

May 14th. Repeated operation, giving medicine same as first day.

May 15th. On this day after operating made a close examination of tumor; the nurse and myself both satisfied that the tumor was softer, less hardness of skin, and we thought it had decreased some, but the patient was stronger, had better appetite and was in good spirits. Operated twice as usual.

Kept up treatment as described, giving the two remedies every other day until about 1st of June; patient growing stronger daily.

June 1st. Upon a close examination of tumor, the patient, nurse and myself became satisfied that the tumor had diminished in size ONE-FOURTH at least; the patient was affected to tears (but tears of joy); the nurse and two or three friends perfectly astonished. We all now felt that I had control of the disease, and were satisfied that I should effect an ultimate cure. Precisely the same treatment of electricity and medicine kept up until about the 1st of August. Patient became comparatively strong, increased several pounds in flesh. At this time patient went to New York upon business, and while there was examined by his former physicians, and Mr. Davis reported to me that they pronounced the cancer radically cured.

Above you have a true history of this case. I make no comments, offer no theory, but give a plain statement of facts, and leave the readers to form their own conclusions.

WHAT I KNOW ABOUT TOBACCO.

BY J. H. WOOD, M.D., OF WEST CHESTER, PA.

THE poet truly says:

"Great men and green worms will use their tobacco,
But ne'er will the pig or his wife, Ah! O lack O."

I am no fanatic, but would alleviate every form of human suffering if I had it in my power.

The first idea of the youth of our day is to become men at the earliest possible moment, and the surest road to them seems to be through tobacco. The first effort in its use is almost always attended with nausea and disgust, relieved only by emesis. One would naturally suppose that the consequences

of the first trial would prevent a repetition, but the ideal man still stands before the shortly to be victim, and he is thereby induced to another effort, to be but repeated, until the normal condition of the system is supplanted by the abnormal, and then the man stands in full stature.

Having succeeded thus far in its use, he becomes a nuisance to all with whom he comes in contact, except those whose habits accord with his own.

I know by abundant observation that the habit of using tobacco can be transmitted from one generation to another. One of many instances in which I think I have observed this I will relate for your benefit: A gentleman, an inveterate user of tobacco, had a son who followed in his footsteps, and who married a lady whose father and grandfather also indulged in this vice. Now what do you suppose was the result of this union? One of the first supposable things was children, of course, who took as instinctively to the use of tobacco as they did to the mother's breast. Indeed, they have said that they cannot remember the time when they did not crave it, and they are now proficient in the manly art.

I likewise know from experience that persons whose systems are run down or poisoned by the use of tobacco, are more liable to disease, and also when disease is contracted are less amenable to treatment than those whose systems are free from its use.

Let me give you an example, the case of a gentleman aged thirty years, who held an important public office, and was much of his time engaged in writing. I frequently called at his office and found him engaged in writing, pen in one hand and cigar in the other; first writing a few lines and then taking a whiff at his cigar. Thus he continued for several years, when at last he was attacked with typhoid fever.

The physician in attendance (allopathic) found the case a very intractable one (as they usually do in such cases), from some cause he could not understand. The patient would have hæmorrhages from the mouth, nose and bowels (such as occurred in the case of a very distinguished member of this Society), and finally ascites and hydrothorax. This state of things continued for five months, when he fell a victim to the disease, after a severe nasal hæmorrhage.

At the time of his being taken sick no man in the community, from appearance, had a stronger hold upon life, of good physique, robust constitution. I had repeatedly warned this

man that he was walking with his eyes open upon a volcano, that would sooner or later cause his destruction ; that volcano was his cigar, the use of which he persisted in, and thus proving that he loved it better than his life.

Methinks I hear some one ask, what does this prove? Probably if considered by itself it proves nothing but my own views of the case ; but reasoning from analogy it proves much, and that is the standpoint from which to begin, as the use of tobacco causes irritation of the mouth, throat, bronchii, lungs, stomach, heart ; in fact no organ of the human body is exempt from its contaminating influence ; then does it not follow that with disease already engrafted upon the system, when other abnormal conditions arise, as in this case (typhoid fever), the patient more easily falls a victim to the disease?

I find upon inquiry that in the town in which I live, the combined ages of the six oldest non-users of tobacco is 547 years, or an average of 90 years and a fraction each ; while the combined ages of the six oldest users of the *weed* is 496 years, or an average of a trifle less than 83 years, showing a difference of at least *seven* years in favor of the former.

Now if it be true, and I think it is, that three-fourths of the male population indulge in the use of tobacco in some form, and that this practice is generally persevered in when once began, is not tobacco a fruitful cause of disease?

Now what I have last stated, and what I propose to conclude with, I ask each one of you to test in a given locality, town or township, for yourselves, and I hesitate not about what the result will be,—a verification.

What I had before observed in regard to longevity induced me to extend my investigation to all the male inhabitants of the town in which I reside who have attained the age of seventy years. This I have confined to men because it will be a crucial test, as the practice is confined to them ; and in order to relieve myself of the charge of being prejudiced, I procured the services of a person strictly temperate in regard to the use of alcoholic stimulants, but who uses about as much tobacco, smoking and cut and dried, as a cow would of hay, to assist me in the collection of these data and the personal habits thus far in life, and find the number to be about seventy-five, one-half of whom only use tobacco, the other half abstaining from it altogether ; thus showing that in early life three persons use tobacco to one that does not, while at the age of seventy the scales are about equally balanced ; conclusively proving the

fact that its use shortens human life, or that two-thirds of those who use it die prematurely, as the exhibit shows.

Another noticeable fact is that more than one-half of those who use tobacco above the age named, are not only addicted to its use but are devotees of Bacchus as well, thus showing the natural tendency of this vile practice; while almost every one of the former are what might be strictly called temperance men, or men who do not indulge in intoxicating drinks at all, while the activity and personal appearance of the latter and their mental and physical development or condition are far in advance of the former.

IS MOSCHUS AN ANTIDOTE OF CHLORAL HYDRATE?

SAN FRANCISCO, August 23d, 1876.

MR. EDITOR.

DEAR SIR: I was interested in reading the relation and discussion of the case *cured* by *Moschus*, published in the July number of the *A. J. of H. M. M.*, and pleased by the skill displayed in its treatment; but I take the liberty to doubt if *Musk* was proved thereby to be an antidote of *Chloral hydrate*.

The assumption of antidotal powers leaves out of view the ailments of the patient which two years before called for medical assistance, and supposes that the main (perhaps only) disease which Drs. Breyfogle and Pearce had in hand was the chloral disease. That there had been some diseased condition which yielded at first to the stimulant treatment of the old school and afterwards was suppressed by their sedatives, is attested by the history of the case. That the primary disease had not been arrested by whatever expedient may have been resorted to, is shown by the fact that palliative (or suppressive) treatment had been considered necessary, and was employed up to the time when the patient fell under homœopathic care; and in spite of that treatment, and *under cover of it*, the primary disease had probably gone on, from one stage to another, until it reached the spasmodic climax related by Dr. Breyfogle.

Now I submit the proposition that *Moschus* did little or nothing to antidote the *Chloral*, but, under cover of its continued use, cured the primary disease.

Several years since I read the report of a case of intestinal disease in the person of a child about seven years of age. Its

precise nature I do not remember, but believe it was connected with the mesenteric glands. The interesting point of this case is, that it was accompanied by intense, excruciating and paroxysmal pains. It had been under old-school treatment without farther success than a suppression of the pain by opiates. It then fell into the hands of a homœopathic practitioner, who, after selecting his remedy (*Calc.*), determined to dispense with the opiates. He did so; and although, as was afterwards shown, the remedy was really homœopathic to the disease, the pain returned with such violence as caused him to alter his mind. The opiates were again used in sufficient quantities and at such intervals as to render the existence of the little sufferer endurable.

The *Calc.* (I believe at the 200th potency) was continued. As time passed, less and less of the *Opium* was required, as the patient became more and more free from pain. At length it was discontinued altogether. In the meantime the patient, under cover of the opiate, had been cured by the true homœopathic drug.

The opium, while no doubt it had in some degree interfered with the action of the curative drug, had done *much more good* than evil, by suppressing at least that extent of irritation which had been produced by the suffering.

Since that time I have had occasion several times to employ the expedient here brought to my notice. For instance, a year or two since a young lady came under my care for an attack of inflammation of the small intestine, accompanied by fever; it was really an exacerbation of a chronic serofulous inflammation of the intestines and mesenteric glands, and had arrived at the stage of ulceration. For some days I prescribed the proper homœopathic drugs, *Ars.*, *Calc.*, *Iris.*, etc., but mainly *Silicia*. The pain at times was excruciating, and none of the remedies made much impression on it for any length of time. The lesson which the above case taught me came again to my rescue. I ordered enemas consisting of a little warm water and 10 to 20 drops of *Opium Tincture*, to be given often enough to suppress the pain and keep it suppressed. *Silicia*, from the 3d to the 40th potency, was given at favorable intervals. In less than three days it was found that the enemas were not required so often, nor as strong. They were gradually withdrawn, and in three weeks they were found to be entirely unnecessary. The disease,

however, had been so much overcome, under cover of the opiate, as to have been virtually cured.

Now, Mr. Editor, I submit that these were cases *analogous* with the one discussed in the July number of the *A. J. of H. M. M.*, and that the (now) unknown physician who prescribed and cured with the *Calc.* in the first case, and myself, who prescribed and cured with the *Silicia* in the second case, could as reasonably have assumed that we had antidoted the opiates given, by *Calc.* and *Silicia* respectively, as in the case referred to those physicians should have assumed that they had antidoted *Chloral hydrate* by the *Moschus* exhibited.

I say *as reasonably*, which needs a little qualification by two or three considerations. 1st. Larger doses are usually considered as possessing greater antidotal power than smaller doses. 2d. *Calc.* and *Silicia* both being usually ranged as *nutritive drugs*, would hardly, at any time, be thought of as antidotes to true *nervines*, either stimulant or sedative. 3d. *Moschus* is one of that large class of drugs called by old-school authorities *stimulants*, and as such would tend to *antidote* the effect of any one of that equally large class of drugs designated by the same school as *sedatives*, of which *Opium*, *Stram.*, *Bell.*, *Chloral*, are specimens. That is, the case proves no *especial antidotal power of Moschus against Chloral hydrate*, over and above a *general antidotal power*, by virtue of its *stimulant* qualities, against a large number of well-known sedatives.

If the case proves anything, it proves that *Moschus* was (and perhaps had always been) the true similitum of the disease which caused the lady so much distress, and brought her so near the grave.

W. N. GRISWOLD, M.D.

ETIOLOGY OF ANGINA PECTORIS.

THAT excellent periodical, *The Journal of Nervous and Mental Diseases*, edited by Dr. Jewell, contains in the July number, c. n., p. 520, the following:

"According to Sée (*La France Medicale*), angina pectoris is not a simple neurosis, but an affection depending upon ischæmia of the heart. As direct causes we have especially mechanical alterations of the coronary arteries, next degeneration of the cardiac muscles, and in consequence dilatation of its

cavities, inducing insufficient blood supply to the coronary arteries, and consequently to the heart. In a second series we have—much more rarely—purely functional disturbances in the coronary arteries, as in smokers, hysterical patients, etc. It should be kept in mind that the majority of cases depend on an actual organic lesion. When the myocardium and the included termination of the vagi suffer from an imperfect blood supply, pain will be produced; likewise the feeling of anguish experienced in this affection. This irritation of the sensory nerves causes in a reflex way an excitation of the motor branches of the vagus, which has as a result slowing of the pulse at the end of the attack and the interruption of the cardiac contractions; an exhaustion of the vagus follows later, and we then have the final quickening of the pulsations. The painful irradiations in the shoulders, the arms and other parts of the body are explained by central propagation from the originally irritated nerves to various other sensory nerves. He recommends subcutaneous injections of Morphia, clysters of Chloral hydrate (36 to 45 grains per dose), etc.”

Dr. W. L. Breyfogle's courageous application of Moschus, published in the July number of the *A. J. of H. M. M.*, led my attention anew to Moschus in angina pectoris, especially as Sée recommends the use of Morphine and Chloral in rather large doses. Kochler (*Mat. Med.*, p. 264) recommends Musk, where collapse threatens from exhaustion, *i. e.*, from an excessively reduced irritability of the central nervous system, finding its source in *insufficient blood supply to these centres from deficient compensation in organic diseases of the heart, fatty degeneration of the heart, hæmorrhages, etc.* Here is *periculum in mora*, and here Musk acts well.

Hahnemann (*M. M.*, p. iii, 137) gives us its homœopathic indications, and we wonder that we hardly find it mentioned in our text-books, although in the different journals of our school several cases of angina pectoris are recorded, which were quickly relieved by this drug. On p. 137 we read: Spasmodic affection of the pneumogastric nerve, angina pectoris, drawing paralytic cramp pains in the upper and lower limbs, suffocative constriction of the chest, compression of the chest, clawing sensation in the chest, etc., fainting fit, with subsequent headache; the pulse is more full, but by four or five beats slower than usual; the pulse is less full and much quicker, increasing from twelve to eighty-eight (?) beats, etc. Hughes (*Pharmacodynamics*, 3d edition, 557) finds Moschus

only indicated in nervous palpitation, and we think that he thus restricts too much the indications for Musk; in fact I have more confidence in this remedy during the attack of angina pectoris, than in *Spigelia* or *Cactus*; it seems to me to be the *similimum*, and in the few cases which I have treated it has not disappointed my expectations. S. L.

THE HAHNEMANN CLUB OF PHILADELPHIA.

REPORTED BY BUSHROD W. JAMES, M.D.

DR. J. G. HOUARD presented the following interesting case :

RUPTURE OF A VARICOSE VEIN OF THE BROAD LIGAMENT—SUDDEN DEATH—POST-MORTEM CONDITION.

This singular case of internal hæmorrhage, in a woman 39 years old, occurred October 10th, 1876. When a tubular or ovarian conception produces a fatal hæmorrhage, it is generally in consequence of the rupture of the foetal cyst, the gradual growth of the foetus distending the tube to its utmost, until finally it ruptures the walls of the tube. It happens generally at an advanced stage of gestation. But an internal hæmorrhage from another source may happen under different circumstances, and equally inaccessible to art. The case which I shall now report will prove this.

I was called to attend this patient, and found her suffering with the following symptoms: Violent pain in the whole abdomen, especially in the hypogastric region, left side, with hiccupping, syncope, and vomiting, cold extremities, skin blanched, pulse extremely small and hardly perceptible; in fact, all the symptoms of internal hæmorrhage. After suffering for three hours she died. This woman had given birth to several children; her last child was three years old, and since the birth of this last child she complained of a pain in the left side, and at times she experienced a heavy pressure downwards towards the genital organs.

Twenty-four hours after death I made a post-mortem examination. Her abdomen was quite distended. On opening the abdomen a large quantity of liquid black blood oozed out; all the small intestines were distended with gas, and were pushed up by a large mass of coagulated blood which filled the whole pelvic cavity.

The broad ligament of the uterus on the left side was a complete network of varicose veins, some of them as large as a goose-quill. I discovered a rupture in one of these veins, from which the hæmorrhage had taken place.

The broad ligament on the right side, and also the womb, were in a normal condition.

This lady had been to a party the night previous to her death, and had danced several times during the evening, and returned home at a late hour, feeling very much fatigued and complained of a pain in the left side, with pressure downwards as if everything inside of her was coming out.

I presume the varicose condition of the broad ligament must have existed since the birth of her last child, and that the exercise of the previous evening was the cause of the rupture of this vein.

Dr. A. Korndærfer presented briefly some

NEW REMEDIES,

Used for many years by the venerable Dr. Jacob Jeanes, of Philadelphia, and introduced by him, with their characteristics.

AMYGDALUS PERSICA.—Angina faucium, with soreness and aching pains, without any characteristic calling for other remedies.

ANISUM STELLATUM.—Pain in region of the third rib, about one or two inches from the sternum, generally on the right side, occasionally on the left.

ASPARAGUS.—Pain at the acromion process of the left scapula, also under the clavicle and down the arm, with exceeding feebleness of pulse.

CHENOPODIUM SEM.—Dull pain a little lower down than the inferior angle of the right scapula, but nearer the spine, also in asthma.

CHOLUS TERRAPINA.—Cramps or cramplike pains in the calves and feet, also in the thighs, or even in the abdomen; rheumatism, with similar pains.

GAULTHERIA.—Soreness and jarring from cough, like in the anterior mediastinum, at times also in the larynx.

IPOMŒA BATATOIDES.—Aching in the small of the back and lower down, also rheumatic pains in the extremities, especially in the arms. Renal colic.

JUGLANS CATHARTICUS.—Severe occipital headache, especially if unaccompanied by other pains.

LOBELIA CÆRULEA.—Pain or aching in the posterior aspect of the spleen.

MEL CUM SALE.—Sore, stiff, tender feeling in the hypogastric region.

ROSÆ DAMASCENÆ.—Hardness of hearing, with ringing or singing in the ears. Catarrh of the Eustachian tube.

ULMUS RUB.—Tingling, as if "asleep," of the lower extremities; aching pains in the thighs.

USTILAGO MAIDIS.—Hæmatemesis of a passive nature, profuse, blood venous, accompanied by nausea, which improves after the hæmorrhage.

DOLICHOS PRURIENS.—Soreness and tenderness of the gums, even in teething children; cough on lying down at night; pain as from a splinter near the right tonsil, worse when swallowing.

CHIMAPHILA UMBELLATA.—Pterygium, cataract.

PIX LIQUIDA.—Sore pain in the chest, about two inches from the left axilla, on a line with its anterior border.

Dr. A. H. Ashton presented the following case of

TEGUMENTARY DEFICIENCY AND SUBSEQUENT HYDROCEPHALUS.

On the 3d of April, 1875, Mrs. S. was delivered, after a tedious labor, of a boy weighing about ten pounds. On making my second visit my attention was called to what they called a large sore on its back. Upon examination I found a spot about an inch and a half in diameter over the lumbar vertebra completely denuded of integument. The family were under the impression that some injury had befallen the child during delivery, but I assured them that it was simply an arrest of development of tissue such as might occur in hare-lip, etc. The muscles exposed were covered with a very thin membrane, which had been partially torn. The skin surrounding the part was narrowed down to a very thin edge and overlapped the membrane above mentioned. On the second day the spot was partly covered, and on the third entirely, with what resembled a diphtheritic deposit. The only dressing I used was sweet oil and white wax. In about two days the whole deposit sloughed away, and I had hoped that I had seen the last of it, but immediately a similar deposit appeared. It took about three more days for this to disappear, leaving a healthy granulating surface, which with the assist-

ance of strips of adhesive plaster soon healed, and only a small bluish scar remained. The child thrived well until five months old, when it was taken with convulsions, with evident symptoms of hydrocephalus. It lay in this condition eight days, when it ceased to breathe. Was there any connection between the tegumentary arrest and the subsequent hydrocephalus?

Dr. M. M. Walker offered the following

NOTES FROM THE VIENNA GENERAL HOSPITAL IN
1868, 1869.

Prof. Scheuthaur was Baron Rokitansky's first assistant, and conducted the lectures on post-mortem examinations, exhibiting the specimens at the time. The next day they could be found upon a large marble table in the centre of a small lecture-room, where at stated hours each day he lectured to classes of ten to fifteen students for a fee of seventeen gulden, or seven and a half dollars, for thirty lectures.

The Americans generally attend a class especially for foreigners, during which hour the Professor speaks more deliberately, so they can better understand. The deaths in the hospital from all causes are seven or eight each twenty-four hours. The number of patients accommodated is about three hundred. After death the bodies are carried to a room in the pathological department, where, if they have succumbed to any disease of especial interest, one of the assistants is notified, and two greasy laborers are within call, to do their long accustomed duty in the rough work of a post-mortem.

Prof. Scheuthaur can open the thoracic and abdominal cavities in about half a minute. He makes one clear cut from the top of the sternum to the pubes just through the skin, fascia and muscles, to the contents of these cavities, without disturbing them.

A cross cut is made below the ribs, and by dissecting a triangular flap is made toward the pectoralis major muscles. The costal cartilages are separated from the ends of the ribs by a sudden and clean cut on either side.

If the brain or spinal column is to be examined the two "executioners," as the students call them, do the sawing and cutting in a very butcher-like manner, after which the Professor takes the contents out and exhibits them, as the following notes will show.

1. *Encephalitis*.—In this disease the brain-substance is softened, and has the appearance of pus, the pus changes from yellow to dark-red, and bloody in character, and is sometimes caused by embolism. Apoplexy causes encephalitis centralis. In the former the inflammation comes on by degrees, and assumes more of a pinkish or grayish hue. In the latter it comes on suddenly, the vessels are much disturbed, and you find bloody clots, dark and black-red.

2. *Apoplexia Intermeningealis*.—Blood is extravasated between the dura mater and the arachnoidea. Fibrous spots line the sac and produce a cellular sac, containing coagulated blood; when water fills this space we have hydrocephalus externus.

3. *Uncephaloid Child*.—In which there is no bone or brain above the eyes or ears. Hair and scalp seem well developed. Found much water in the ventricles. Secondary hyperdynamia of dura mater.

4. *Metastatic Abscess of Brain*.—This might have come from thrombus or from syphilis; puslike condition surrounding brain-substance.

5. *Meningitis with Apoplexy*.—Pussy condition of brain, sulcus cavernus and vessels filled with pus instead of blood.

6. *Encephalitis with Embolism in the Left Hemisphere of the Brain*.—It most likely came from the aortal valves, as there is a thickening or vegetative growth of the valves. The thrombus is hard like a piece of chalk, and the size of a half pea.

7. *Tuberculosis of the Brain*, which looks creamy or cheesy, and is generally found in children. In this case the brain is very rich in tubercles. A gummy syphilitic brain and a tuberculous one appear very much alike, and are difficult to diagnose even under the microscope. From the same individual we have tuberculosis of the kidney with cheesy masses in it.

8. *Polypus of Stomach*.—The stomach is extravasated with blood, and the polypus is in the mucous membrane. The pylorus is generally the seat of diseases of the stomach, whether they be cancer, tubercles, or polypi. It being the narrowest part it is more easily affected by mechanical hindrances.

9. *Stomach of Person Poisoned by Cyanide of Potassium*.—It is very intensely red; all the vessels are strongly injected. Peculiar sour smell from stomach and intestines is present.

This is the second case that has come before the Professor's notice.

10. *Chronic Catarrh of the Bladder.*—It contains also a stone, and is four times thicker than usual. Professor Billroth tried to crush the stone and bring it away through the urethra. He caught a portion of bladder between the stone and forceps and ruptured the bladder; he then operated when the bladder was empty, instead of filling it first. The man died in two days from peritonitis, caused by infiltration of urine in abdominal cavity. At the post-mortem, Professor Scheuthauer, who had not previously seen the case, thinking there might be effusion in the abdominal walls, punctured them, and found the cause of the trouble.

11. *Another Case of Catarrh of the Bladder.*—Here, as in all cases of catarrh of the bladder or stomach, you find thickening of the coats thereof. We have in this instance great inflammation, and you see fatty spots, which you can raise. These show a diphtheritic condition; pericystitis when the cellular tissue is inflamed; paracystitis when the inflammation is between the coats of the roots of the bladder.

Dr. C. S. Middleton offered the following, on

A NEW PLACE OF RESORT FOR HAY-FEVER PATIENTS.

While surrounded by so many cases of this distressing affection, it behooves us to be acquainted with as many of the remedies and resources for its relief as possible; and while we are able to relieve many cases, and to cure others with Arsenicum alb., Allium cepa, Sulphur, etc., and the somewhat fashionable use of amber beads worn on the body, patients tire of treatment, and are not willing to continue from year to year. Places of resort come next in order, and these have become more or less popular.

Many have tried a residence at Mount Carmel and Delaware Water Gap in this State, but with imperfect results. At Lake Chataqua, in the State of New York, persons thus afflicted experience decided benefit, frequently passing the time with perfect relief. But we frequently have patients who cannot go so far from home. To find a resort near Philadelphia will be welcome news to many, and Brigantine Beach, on the coast of New Jersey, bids fair to become the haven of relief for this class of sufferers.

This fact has been demonstrated in some cases under my care with entire satisfaction.

Brigantine Beach is only sixty miles from Philadelphia, and as the season of appearance of hay-fever, or August catarrh, is consistent with a residence at the seaside, this place may, in time, become very popular for such patients. The beach is a narrow strip of land entirely surrounded by water, and is reached by sail-boat from Atlantic City. This is unfortunate, as delays are often experienced. Of course it will be wholly practicable to furnish steamboat conveyance if travel will support it.

Beach Haven, or Long Beach, as it is sometimes called, has, I am informed, some recommendations in its favor, but of the facts, satisfactory evidence is not sufficiently supported. This place is further up the coast, and is also an island; it is reached by rail to Tuckerton, N. J., and thence by steamboat. The hotel accommodation is of a better class at the latter place than at Brigantine, where, although plain, the table has the reputation of being plentifully supplied, and the food well prepared.

Dr. Bushrod W. James presented the following papers:

THE DIAGNOSTIC VALUE OF POSITION IN HEART DISEASE.

Should a case known to have some cardiac disease come under treatment, and doubt still exists as to its diagnosis, it is well to weigh the value of the different positions in which the patient places himself to obtain comfort or relief from distress. When he retires for sleep this indication will be the most observable. Examine his lungs, however, first, and see if any congestion or emphysema of any portion of either exists, for if there is, the position which relieves the dyspnoea produced from this cause, takes precedence with the patient, and the attitude may vary in these diseases according to the portion of and amount of lung-tissue involved, and whether located in one or both lungs.

Cardiac disease only being present then, we find that cases of mitral and also of tricuspid insufficiency want to be propped up well in bed, with pillows under the head and shoulders.

Those with insufficiency of the aortal valves are more comfortable in a complete horizontal posture.

The explanations are possibly that in the latter the contraction of the aorta and the weight of the blood above the aortal valves in the erect position forces more blood through the partly open valves than when the pressure is removed,

as in the horizontal state of the body, while with the mitral and tricuspid insufficiencies we have the greatest pressure or reflow of blood through them while the body is flat, and this is somewhat removed when the upper part of the body is propped up or erect. There is less likelihood of the lungs becoming involved in the aortal cases, and if they do it is in a later period of the progress of the organic lesion than occurs in the mitral or even in the tricuspid valvular insufficiency.

UTERO-GASTRIC IRRITATION AND REFLEX SYMPTOMS.

If you find in females a persistent vomiting or nausea, without pregnancy, and the tongue does not indicate gastric disease, it is well to examine well into the history of the case, and especially with reference to the ovaries and uterus, for this is a most common reflex symptom of disease or nervous irritation located there.

In infantile summer diseases a persistent nausea or vomiting should lead you to consider if it is not a reflex symptom from cerebral complication. The presence of indigestible articles of food lodged in the stomach or bowels not unfrequently will throw a child into convulsions; so will a suddenly checked summer diarrhœa or acute bronchial catarrh; while at another time an injury to the brain or a cerebral effusion will produce the most obstinate vomiting and a continuing diarrhœa. Here a strict history of the attack and of the case in detail will usually determine the diagnosis, as in all these instances of sympathetic reflex symptoms.

WEATHER PROVINGS AND DISEASE TENDENCY.

May, 1876.—The *Monthly Weather Review of the War Department* sums up the general features of May as follows: "The most noticeable features of the month are the barometric pressure averages higher than usual in the sections east of the Rocky Mountains; the frequent occurrence of tornadoes, especially those of the 6th in Kansas, Illinois and Indiana; the temperature averages nearly four degrees below the normal in the St. Lawrence valley, and two degrees five minutes above in the Lower Lake region; late frosts in Mississippi and Tennessee; large excess of rainfall in the Western Gulf States, Tennessee and Upper Mississippi valley; severe snow-storms along Lake Superior, on Pike's Peak, and in Utah, Montana and Wyoming Territories; very few reports

of droughts; the destructive thunder and hail-storms; ice-fields in Lake Superior, Straits of Mackinaw, Gulf of St. Lawrence and near St. Johns, Newfoundland."

There were eleven storms, all starting from various points in the far West and moving east or northeast to the coast.

Disease Tendency.—Last month 23 cases of acute conjunctivitis occurred in my practice all about one time, when again 25 new cases of diarrhœa set in nearly all at once.

The early part of May was very unhealthy. Sore throat, pneumonia, diarrhœa, rheumatism, spinal congestion and inflammation, and general vital depression were the most noticeable tendencies. Watery diarrhœa continued most of the month, and so did rheumatic aches and pains, headaches, soreness of the feet; fresh colds, achings and variable pains were abundant during the middle part of the month, and, independent of sore-throat and fresh colds, improvement set in the last week of the month.

June, 1876.—From the *Monthly Weather Review* we find the following, in June, of interest to note: "The principal meteorological features of the month have been:

"1st. The absence of any extensive storm and the small number of severe winds;

"2d. The usually heavy rains in the South Atlantic States;

"3d. The unprecedented high water in the Upper Missouri River and in the rivers of Oregon;

"4th. The extensive occurrence of thunder-storms and the feeble auroral displays;

"5th. The numerous local tornadoes.

"The history of changes in pressure during the month is simply a record of a succession of high pressures in Oregon and on the South Atlantic coast, with continued attempts at the formation of areas of low pressure in the interior of the country.

"The connection between barometric changes on the Pacific coast and those in the interior of the continent has not been so apparent as it is in the winter months. The heating of the dry air over the western plains, and the consequent inflow of cold air from all sides, both from the mountains on the west and from British America on the northeast and the Gulf States on the southeast, has been well marked.

"The areas of low pressure have been, with one exception, ill-defined and not very permanent; those of high pressure have at no time passed centrally over our territory, but have

made themselves felt only on the borders, showing that an area of one thousand miles square is not sufficient for the complete elucidation of the movements of the atmosphere.

“Telegraphic ground currents were noted on the 15th at Colorado Springs; 3d and 27th at Philadelphia; 16th, 17th and 28th at Pike’s Peak; 17th, 23d and 28th at Santa Fé.

“*Lightning*.—In order to obtain an approximate idea of the number of thunder-storms during the month, a count has been made of every case recorded at the 445 stations, of lightning or thunder, whether near to or distant from the station; by including silent or distant lightning, it is presumed that the record for each station may be assumed to represent all cases that occur within a radius of fifty miles, and although in many instances the same storm having been observed at several stations, will, therefore, be counted more than once, yet, on account of the fragmentary nature of most records, it is safe to presume that the sum total for the whole country, which is 1344, is below rather than above the truth.”

Disease Tendency.—Usually this month is one of the healthiest of the year unless excessive heat should ensue, bringing with it gastric and intestinal disorders in great abundance. Cholera infantum and cholera morbus begin to show their symptoms more markedly, and a large increase in the number of cases occurs about the middle of the month every year, but this tendency is greatly augmented if the month is hot, and it is correspondingly less if the weather remains mild and genial. This year the month set in with fresh colds, headaches, sore throat and general feelings of languor. In a few days diarrhœa, and bilious attacks, enteralgias and general debility succeeded, while spinal congestions and aggravation of symptoms in chronic spinal irritations were noticeably prevalent. Brain and spinal diseases and general debility were in fact more than usually common during the month, but no great tendency to low types of disease prevailed except about the 12th and 13th during a south and southwest current of air and cloudy and rainy spell. Cholera infantum increased more rapidly from this period. General improvement in other diseases then ensued until the last week, when a tendency to debility, bilious vomiting, diarrhœa, cholera morbus and coup de soleil was manifest.

July, 1876.—In Philadelphia and even all through the eastern section of our country, there has been an unusually protracted season of high temperature, producing in large

cities over which it extended an unusual amount of cholera infantum and coup de soleil.

Here the mortality for July was from cholera infantum 715, coup de soleil 127.

The *Monthly Weather Review* gives the following :

"In comparing the records with those of a corresponding period of previous years, the most marked conditions are,

"1st. The continued high temperature during the greater portion of the month throughout the United States, east of the Rocky Mountains, the heat in many places becoming so intense as to produce fatal results, to cause the suspension of business and an increase of the death-rate of many of the large cities to the highest reported percentage ;

"2d. The absence of well-defined barometric depressions, the excess of pressure on the South Atlantic coast and in the Gulf States ;

"3d. The destructive tornadoes which occurred in Iowa on the night of the 4th, attending the depression marked as No. II on the storm chart. The month has proved generally favorable to the agricultural interests of the country, although local droughts occurred in the Middle States, followed at the close of the month by an excess of rain."

Disease Tendency.—The summer heat set in on the 24th of June, and continued uninterruptedly until July 24th, the thermometer reaching 90° or higher during some part of every day, consequently an unusual amount of sickness was to be expected as the result.

The excessive heat of the last week of June depressed the vital powers of the strongest, and consequently the prevalent diseases of summer assumed their full sway. Beside the two diseases before named, cholera morbus, diarrhœa, dysentery, gastric and hepatic disturbances also prevailed extensively ; likewise the symptoms of drowsiness, depression of spirits, cramps and enteralgias, nettle-rash or hives, strophulus or prickly heat, wakeful and restless nights were uncommonly noticeable.

As soon as the heated term was broken and the temperature fell there occurred a change of symptoms. Buoyancy, fresh colds, sore throats, general neuralgias, rheumatic aches and pains, coughs, bleeding hæmorrhoids and a tendency to intermittent chilliness took the place of the other symptoms enumerated.

The month closed with fewer cases of diseases of the alimentary track, and a general improvement in cases at large.

August, 1876.—The *Monthly Weather Review* of this month notes the following cloudy days:

“The number of cloudy days, as reported by the volunteer observers, ranges as follows in the various districts: New England, 0 to 7; Middle States, 0 to 11; South Atlantic States, 1 to 9; Eastern Gulf States, 3 to 9; Western Gulf States, 0 to 5; Arkansas, Tennessee and the Ohio valley, 3 to 13; Lake region, 0 to 9; Northwest, 0 to 11.

“The number of days on which rain fell in New England, New York and Northern Pennsylvania were four.

“*Atmospheric Electricity*.—A peculiar electrical display was observed on Pike’s Peak during the evening of the 18th. It was attended by a strange singing or rather sizzling on the wire, which was distinctly illuminated for an eighth of a mile, the electricity being thrown off in brilliant scintillations. Every metallic point and surface was also tipped or covered with light, the entire atmosphere having been apparently highly charged with electricity. Snow was falling at the time, and the air was very humid. At Omaha, during the afternoon of the 16th, communication by telegraph was interrupted by the electricity on the wires, and the electrical fire-alarms were repeatedly sounded.”

A great many thunder-storms or local storms over various parts of the country occurred, too many to name in detail.

The *disease tendency* of the month was towards good health, independent of the bowel disorders incident to summer weather. The deaths from cholera infantum for August were 206, sun-stroke 2, a remarkable contrast with the previous month.

Towards the end of the month an unusual tendency set in, through the eastern part of our country and large cities, to malarial fevers, typhoid fever and bilious symptoms. Philadelphia had its share along with other places, and there was some tendency to neuralgic disorders and general prostration likewise.

(To be continued.)

OBITUARY.

COURTLAND HOPPIN, M.D.

IN Providence, Rhode Island, of membranous croup, on October 19th, 1876, Courtland Hoppin, M.D., in the forty-second year of his age.

On the 21st, at a special meeting, the Rhode Island Homeopathic Medical Society adopted the following resolutions:

Resolved, That we have heard with deep grief of the death of our friend and late associate, Courtland Hoppin, M.D.

Resolved, That in his sudden and premature removal from earth at the very meridian of his usefulness, we recognize a serious loss as sustained by the profession, and by the community one irremediable.

Resolved, That we shall ever cherish with profound respect his memory, as one whose life exemplified that broad culture and distinguished refinement, marked delicacy and perfect gentleness, rare honor and strict integrity which should characterize those called upon to treat suffering humanity.

Resolved, That we tender the bereaved family heartfelt expressions of sympathy and sorrow in this their sore affliction.

Resolved, That as an indication of regard for our late associate we attend his funeral in a body.

Resolved, That a copy of these resolutions, duly attested, be sent to the mourning family.

G. B. PECK, JR.

EDITORIAL NOTES.

THE HAHNEMANN MEDICAL COLLEGE OF PHILADELPHIA.—The twenty-ninth annual session of the Hahnemann Medical College of this city has now passed the middle of the term, and is proving one of the most successful in the history of the college. Unusually large in size, the class is also composed of the best material, and the graduates of the class of '77 are destined to rank high among the alumni of the school. Of the matriculants, hailing from eighteen States, an unusually large number have had their first course in other colleges.

The facilities offered by the college for the practical study of surgery, obstetrics and chemistry, as well as anatomy, have been highly appreciated by the class, and are considered as valuable additions to the curriculum of study.

The annual commencement will be held at the Academy of Music, on Thursday, March 8th, Professor B. F. Betts giving the valedictory address.

THE AMERICAN JOURNAL OF HOMŒOPATHIC MATERIA MEDICA having ceased to be published, the editors and publishers of the *Hahnemannian Monthly* hastened to take advantage of the release of Professor A. R. Thomas from his editorial position, and secured his valuable services as associate editor of this journal. Dr. Thomas is so well known to the profession as an able writer and journalist, that we need scarcely say that this journal has made a valuable acquisition.

THE HAHNEMANNIAN MONTHLY.

Vol. XII.

Philadelphia, February, 1877.

No. 7.

QUARTERLY MEETING OF THE CENTRAL NEW YORK HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY H. V. MILLER, M.D., SECRETARY, AND E. B. SQUIER, M.D., ASST., SECRETARY.

THE December meeting of this association was held in Syracuse on the 21st at No. 34 Montgomery Street, Dr. Brewster in the chair. About twenty members were present, and the meeting was a very interesting one.

The minutes of the last meeting were read and approved. N. H. Haviland, M.D., of Fulton, was duly elected a member.

In compliance with a request of the Society made at the last meeting, E. B. Squier, M.D., read the following papers:

A COMPARISON OF HEPAR SULPHURIS AND SILICEA IN OPHTHALMIC AFFECTIONS.

BY E. B. SQUIER, M.D., OF SYRACUSE, N. Y.

I think I may say with truth that in ophthalmic diseases these drugs are in the homœopathic practice more frequently prescribed than any other two drugs in the *Materia Medica*; and I think we can account for their frequent use upon this ground:

The majority of ophthalmic affections which we meet with are those of the external parts of the eye, and these are the parts most readily affected by malnutrition and improper hygienic surroundings. For it is not from the families where the children are well nourished, warmly clothed, and enjoy the benefits of pure air and sunshine, but from basements and tenement-houses, where the rooms are damp, smoky, poorly lighted and still more poorly ventilated, that the oculist gets

the greater portion of his patients, and it is to this class of patients, and the ocular diseases to which they are most subject, that Hepar sulphuris and Silicea are so often of marked benefit.

In all drug provings the eye symptoms are very meagre and unsatisfactory; especially is this true of those remedies which produce changes of tissue, probably because the provings were not carried far enough to develop the entire pathogenetic effects of the drugs. Therefore we have in the main to rely upon clinical verification of drugs when they were first applied to special cases upon general indications and found to be curative in their action.

Drs. Allen and Norton, of New York, have lately published a *Manual of Ophthalmic Therapeutics* which contains probably all of the verified indications of drugs that are used in ophthalmic practice. The experience of these gentlemen has been large, both in private and hospital practice, and their work is thus rendered the more valuable. To their work I am much indebted in the production of this brief paper. In the provings of Hepar sulphuris we find the following symptoms:

Redness and swelling of the upper lids with pain, papular eruptions under the eyes with redness of the whites of the eyes, lachrymation, photophobia, pressive pain in the eyeballs as if beaten on pressure, aversion to the open air and better from warmth, optical illusions of either dark colors or red.

Silicea: Redness of whites of the eyes with pressive pain, lachrymation, agglutination of the lids, worse at night, complaints predominate upon the upper lid.

Clinically Hepar sulphuris has been found curative in blepharitis, where the lids are thickened, the margins red and corroded, painful to touch, aggravated by cold and relieved by warmth, as are all the ulcerations in which Hepar is curative.

Small tumors and abscesses of the lids have been cured by this remedy. In scrofulous ophthalmia, where there is a tendency to ulceration of the cornea, and in deep sloughing corneal ulcers complicated with hypopion it is useful.

In promoting absorption in interstitial keratitis after other remedies have been used to subdue the disease, and in hypopion from whatever cause, it is of marked benefit. All of the above indications I have verified in practice.

Dr. Norton says that in pustular conjunctivitis uncomplicated with corneal lesions, this drug is seldom indicated, but that in acute phlegmonous inflammation of the lids, where

there is a tendency to suppuration, it is most commonly indicated, and will be characterized by a throbbing, aching pain and sensitiveness, with relief from warmth and aggravation from cold.

In some forms of trachoma where there is a tendency to ulceration, especially in mercurialized patients.

In many cases of opacity of the cornea, it is said to have been useful. (In my practice I have had more marked benefit from Kali bi. and Graphites in this condition.) When marked by general indications, it has been of utility in kerato-iritis.

Dr. Norton gives a case reported by Bojanus of complete amaurosis, with pupils dilated and insensible to light, resulting from enormous doses of mercury, in which the sight was restored under the use of Hepar sulphuris.

Dr. Hughes speaks of it as being useful in blepharophthalmos where the meibomian glands are much involved, but says its most valuable property is its influence upon the cornea.

Dr. Peters, in a *Treatise upon Diseases of the Eye*, has recorded many instances of its value, especially in onyxn, hypopion and prolapsus iridis, and also speaks of its utility in recurrent corneal ulceration.

Silicea, as well as Hepar sulphuris, is indicated in strumous subjects, and has many symptoms in common with it, as the aggravation from cold and at night and the relief from warmth. But it has not, I think, such marked photophobia. Its use has proven it to be a very valuable remedy in ophthalmic affections, it being more applicable to lesions of the cornea and lachrymal apparatus. It has also been reported useful in some cases of choroiditis, and in iritis when accompanied by the general indications for its use.

I have found it very useful in superficial ulceration of nearly the whole cornea, accompanied by a pressive pain in the eye, redness and relief from warmth.

Norton and Allen say that it is especially indicated in sloughing ulcers of the cornea, either with or without hypopion, in small ulcers with a tendency to perforate, and in central non-vascular ulcers. In dacryo-cystitis it is first to be thought of.

Drs. Dudgeon and Hughes both report cases cured with it which are of marked interest. In dacryo-cysto-blennorrhœa and in acute lachrymal fistulæ it has shown good results. A case of amblyopia from suppressed foot-sweat has been reported cured by it, and also many cases of cataract.

Hughes says that the violent suppression of a habitual foot-sweat will cause an opacity of the lens, and that Silicea controls the entire series of occurrences by restoring the warmth and moisture to the feet, and it is quite probable that the opacities which have been diagnosed as cataract and cured by Silicea were dependent upon suppressed perspiration.

CLINICAL CASES.

BY E. B. SQUIER, M.D.

Arthur H., a boy aged 5 years.; in good health. Has naevus upon left cheek over buccinator muscle.

This naevus was about the size of a silver dime, and largely venous in structure, being of a purplish color. Local anaesthesia was produced by means of the ether spray, and the growth removed by means of a double elliptical incision through the integument, the vascular portion being then dissected away. The cut edges were then approximated and held together by ligatures of fine Chinese silk. A cold compress was kept over the parts for a few hours. The sutures were removed on the third day, union being complete. The loss of blood was very slight.

This mode of removal is only applicable to small and mainly venous naevi. There have been many methods devised for the treatment of this affection, many of which have become obsolete. Heated needles were thrust into them. Small ones were vaccinated, or ligated by first transfixing the tumor at its base with pins, and then by tying a silken ligature beneath them, cause strangulation of the growth.

Erichsen's mode of ligation is suitable even for quite large ones. This consists in passing a double-threaded needle through beneath the tumor at intervals of from one-fourth to three-fourths of an inch, varying according to the size of the tumor; the first puncture is made in the normal tissue, about one-fourth of an inch from the border of the naevus. Before issuing, one-half of the thread is blackened with ink. After being passed through the parts to be strangulated, the white loops are then cut on one side, the black on the other, and by tying each to its similar color and drawing the loop tightly, the growth is strangulated. Injections have been used to some extent, but have of late fallen into disrepute, as any of the fluids used were more or less irritating and liable to set up a high degree of inflammation, and cases are on record

which, having been treated by injections, have terminated fatally.

In the *Archives of Clinical Surgery*, vol. 1, No. 4, Dr. W. A. Hammond reports the successful cure of three of these growths by the injection of the fluid extract of Ergot. He injected from one-half drachm to two drachms into them according to the size of the tumor, at intervals varying from three to ten days. No unpleasant symptoms followed in any case, the whole tumor beginning to shrink after a short time, and assuming a brownish color, which gradually almost entirely disappeared.

In no case did he find it necessary to make more than four injections, and with this number he succeeded in curing a tumor, mainly arterial in character, measuring an inch and three-fourths in its long and an inch in its shortest diameter and elevated three-fourths of an inch above the surrounding parts. In no case was there the slightest appearance of an inflammatory action. Dr. Hammond attributes the results to the action of Ergot upon the muscular fibres of the vessels. This method of treatment seems to afford everything that can be desired in the treatment of these tumors, and I would respectfully request you all to give it a trial whenever the opportunity may occur in your practices.

Dr. Miller had successfully taken Silicea³⁰ in his own case of obstruction of the canaliculi, attending an attack of ophthalmia of six weeks' standing, and affecting both eyes. The acrid tears overflowed the under lids. Dr. Squier had kindly suggested the necessity of an operation and volunteered to perform it. A steady improvement followed the administration of Silicea, thus superseding the necessity for an operation.

Dr. Emens inquired whether the ordinary diseases of the eye were self-limiting?

Dr. Squier replied that they seldom were.

Dr. Emens being called upon to make her report read the following paper:

CAUSE AND CURE OF UTERINE DISPLACEMENTS.

BY HARRIET D. EMENS, M.D.

The uterus occupies a central position in the pelvis, the bladder in front and the rectum behind it. It rests in folds of the peritoneum upon the superior portion of the vagina.

The ligaments which support it do not in any way force or bind it into position, but it rises and falls with every breath.

Being so delicately poised, it is liable to be mechanically displaced, and its different malpositions are designated by medical authorities as ascent, prolapsus, ante-, retro- and latero-versions and ante-, retro- and latero-flexions, and inversion.

There are exceptional causes for these displacements, such as tumors, subinvolution, ascites, and laceration of perineum that are not preventable, though they are in a measure amenable to medical and surgical skill.

Again the uterus and its appendages may be relaxed because of constitutional ailments; but the greater part of the causes of these displacements, as influences which diminish the support of the uterus or push it out of place, are due to relaxation of the abdominal muscles, by which the intestines, losing their support, are left to press directly upon it, and in time the uterine ligaments yield, the vaginal walls are weakened and the uterus is forced out of position.

Displacements of the uterus are impossible to women who live natural healthful lives, unless from sudden concussion. It is a significant fact that our Indian women can not only walk many miles but can carry heavy burdens, as could also the slave women of the South, and yet not suffer from displacements. But civilization, with its enervating influences, tends to weaken the tone of muscular fibre, and many a woman to-day disgraces womanhood by her inability to take the most ordinary exercise without suffering from pains, the causes of which are traceable to displacement of the abdominal and pelvic organs.

This state of things is most common among the wealthier class in society, but those of more moderate means are not exempt, and the servant girl who tries to look as trim and small about her waist as her suffering mistress brings on the same train of diseases, and in either case the uterus being displaced, symptoms appear formidable enough to make the brain of the faithful student of *Materia Medica* reel as the attempt is made to find the *similia* picture of them all.

Often the woman, her friends, and even the physician are at a loss to account for many of the symptoms; and many a woman has been treated for diseases of the head, throat, stomach, back, kidneys, bladder and bowels, and treated without permanent benefit, because the malposition of the uterus was the origin of the symptoms, and the other organs or parts of the body were affected by a reflex influence, or by actual pressure of the uterus upon contiguous organs and nerves.

When the uterus is displaced the whole nervous system is involved, and in time the woman becomes a wreck ; the vivacious lively Miss as well as the more mature woman become subjects of all the countless aches and pains that hysteria imposes.

It becomes a serious question with the physician not only how to cure those patients already on his list, but how to avert these displacements in the case of young girls just merging into womanhood.

In each case it is of prime importance to have the clothing so adjusted that there shall be no constriction about the waist, and that the entire weight of garments be suspended from the shoulders. This fact male physicians have, as a rule, greatly undervalued and overlooked. For themselves they support their own clothing, knowing that they not only move with greater ease for so doing, but also that a lack of support would very likely be followed by serious hernia.

In the case of women the dragging of several pounds' weight of clothing upon the abdominal muscles weakens the muscles, the intestines press upon the uterus, and the hernia that follows is in the form of displacement of that organ, amounting sometimes to complete procidentia.

In most cases the progress of the displacement is so gradual that the person is not aware of it till the nervous symptoms become so serious that advice is sought from a physician, with the remark, "I am not well, and have come to have you tell me what is the matter."

The question arises, how shall these displacements be remedied? And instead of coming back to nature and following her plan for retaining the pelvic organs in place, medical men have racked their brains to invent instruments to retain the uterus in position, and now the variety of pessaries is nearly innumerable.

Every medical journal has one or more advertised, and besides these circulars recommending them are sent to physicians, and to help on the sale of them a liberal discount is often allowed for every one sold. Dr. Thomas, in his *Diseases of Women*, recommends eighteen, each good in some particular case.

A few months since there was an article on gynecology in the *Medical Investigator*, and we read it only to lay the journal down with disgust, as we found it simply an advertisement for a pessary that the author of the article had invented!

True a pessary may give a present relief, and enable the wearer to exercise more than before it was introduced. In fact it often does more than it was intended to do, for it distends the vaginal walls and causes inflammations and ulcerations. But there is a better way to cure these troubles than with such bungling devices; a way by which these weakened parts may be restored to their original tone and position. It cannot be done as quickly as a pessary can be introduced, but when done there will be a degree of strength through abdomen and pelvis unknown to the wearer of a pessary, and no danger of inflammations, with their tedious results.

The treatment needed is not so much internal (except in the taking of remedies) as external.

The wearing of abdominal supports, however, only weakens the already relaxed muscles, as does also the maintaining of a horizontal position so often recommended.

These two practices cannot be too strongly condemned.

It is true that we have no specifics for these cases. Each case must be individualized; in some the characteristic remedy will no doubt suffice, and even when there is mechanical obstruction a well-chosen remedy will greatly facilitate the cure.

Very often too electricity will awaken a healthy action in nerves and muscles that have long been dormant.

Just here the movement-cure has wrought some of its finest results. Its *modus operandi* is to "relieve the uterus from the weight of organs above it *by strengthening the muscles of the back, chest and abdomen;*" and this is not accomplished by applying porous plasters, or rubbings with alcohol or stimulating liniments, but by daily exercise in the way of kneading, pinching and twisting these muscles, and also by abdominal breathing.

"It is one of the beautiful features of this treatment that it does not conflict with or supersede any other legitimate means." I would urge a careful study of two articles by Dr. George H. Taylor, in the *New York State Transactions* for 1873-74, on the Etiology and Radical Treatment of Affections of Female Pelvis. If the ideas there contained were understood and carried out in the practice of physicians greater success would follow the treatment of uterine displacements.

Discussion.

Dr. Miller inquired of Dr. Emens what success she had in the hygienic treatment of uterine displacements?

Dr. Emens replied that her success had been generally very satisfactory.

A discussion arose in regard to the muscles and ligaments holding the uterus in situ.

Dr. Squier. The ligaments serving to keep the uterus in its place are the lateral or broad ligament, the round ligament, the utero-vesical ligament, and posteriorly the utero-sacral ligament. All these are folds of the peritoneum, containing muscular fibres, particularly the round ligament and utero-sacral ligament. They are suspensory ligaments. He said that the vaginal walls did not furnish support to the uterus, and he questioned whether squaws were really exempt from uterine displacements.

Dr. Parcell, of Weedsport, N. Y., read an article urging greater liberality of sentiment among physicians. A synopsis of Dr. Parcell's article only is given.

He said that the liberality of opinion among homœopaths is worthy of note—this being more noticeable in the larger bodies of medical men, as the American Institute or World's Convention, than in the local societies.

The belief in the power of drugs he considered wholly a matter of experience, practice and individual organization. A physician who habitually employed crude drugs in his practice could not inspire confidence in his patient to wait for the action of an attenuated drug. Another physician of different temperament and practice would prescribe confidently the high potency and wait patiently for its action, the patient gaining confidence from his physician. All things being equal, drug actions would be always the same, and the physician prescribing the crude drug conscientiously was as true a homœopath as he who prescribed the highest potency. He believed in adhering to the law of similia as closely as the mutual interests of both physician and patient would warrant. If after years of toil we are able to prescribe as accurately as a Lippe or Guernsey, we will have attained a perfection worth striving after.

The late Dr. Clary was a man of liberal views, and never spoke disparagingly of any practitioner, whether he employed drugs high or low. This is the spirit we should all possess. He advised recommending to our patients the simple laws of hygiene.

The Secretary read the following practical paper from Dr. Nash, of Cortland:

APIS IN DIPHTHERIA.

BY E. B. NASH, M.D.

October 27th, was called in consultation with Dr. G., at Watkins. Found that they were passing through a very severe epidemic of diphtheria. Every case that had been attacked up to this time had died, and four were then lying dead in the place.

Every physician, of all schools, had lost one or more. The homœopathic physician with whom I consulted, a man of age, ability and large experience, expressed himself thus: "Doctor, I am on my knees to anybody who can help me."

One had already died in the family to which I was called, and the second was apparently well on the way to the same end. Girl, aged 14, light hair, blue eyes, nervous temperament. Looking into the throat found the tonsils and uvula greatly swollen—the tonsils so much so that the throat was almost completely closed, and the uvula hanging (very much elongated and looking like a bag of water) down in front and against them. The whole throat presented a decidedly *œdematous appearance* (watery or transparent). Both tonsils were covered with yellowish membrane, with a ring of the same around the *uvula*.

Great stopping up of nose (breathing could be heard across two large rooms); swallowing almost impossible on account of pain, the pain streaking up into both ears; great restlessness, tossing about the bed, sleeplessness, pulse 130, *skin alternately hot and dry, then profusely perspiring* (very characteristic of Apis). Here was a case in which one remedy was clearly and perfectly *indicated*, and I believe that no other would or could have cured the case.

The Doctor had used Bell. and Merc. prot. in this case, as he also had in all his former cases, and these remedies had served him well in a previous epidemic. But they were of no account here, for the simple reason that the two epidemics were not alike, and different remedies indicated. Apis^{6th} was given once in two hours, with the effect of reducing the pulse to 100 in six hours and checking the progress of the whole disease at once; which improvement continued until complete recovery.

This remedy was afterwards successfully used in several cases. I am fully persuaded that Apis is one of our very best

remedies in this fearful disease, but must not any more than any other remedy be relied upon unless indicated.

Jahr praises it very highly in his *Forty Years' Practice*, and I have found when *he* praised a particular remedy for anything it paid me to remember it. The 6th, 30th and 200th dilutions were used with equally good effect.

The following paper was also read:

COMPARISON OF HEPAR SULPHUR AND SILICEA.

BY H. V. MILLER, M.D.

Hughes explains the action of Hepar in arresting the suppurative tendency by the theory that this remedy increases the functional activity, while Silicea heals the suppurative process by promoting the nutrition of the part affected. Hepar not only arrests suppurative inflammation, like Mercurius, but when suppuration is inevitable it is used to hasten the suppurative process. This it probably accomplishes by promoting functional activity.

Silicea is important in chronic suppuration, and according to Guernsey it is the remedy when abscesses burrow under the skin. It is also the remedy when abscesses extend in depth, and when they will not heal. Both are often indicated for abscesses and for large boils. Hepar when they are very sore, Silicea for a tendency to boils (compare Lycop., Sulphur, etc.). Both are suitable for glandular suppuration (Calc. c., Mercurius, etc.). Silicea for lymphatic swellings with suppuration. Both are suitable for ulcers circumscribed with redness. Hepar for ulcers sensitive to touch, easily bleeding, with profuse suppuration, with smell of old cheese, and with a lardaceous base (Ars.). Also for ulcers and scirrhus surrounded with pimples (Lach., Sulph.). But Silicea is a more important remedy for ulcers in general. It is suitable for ulcers with any kind of pus, but its thick pus only is offensive. It is adapted to ulcers with proud flesh (Ars., Nitric acid); with offensive discharge; fistulous ulcers (Calc. c., Lycop., etc.); cancerous ulcers, etc. Both are suitable for whitlow. Silicea when it seems to have been caused by splinters. Hepar cures scirrhus ulcer of the mamma, with stinging burning of the edges, smelling like old cheese. Silicea has dry, offensive, scabby eruption behind the ears (see Graphites).

Hepar is applicable in tonsillitis when pus begins to form,

with sticking pain in the throat, as from a fish-bone, when swallowing.

Silicea has ulcers in the vermilion border of the *lower* lip. Hepar has sore and smarting *pimple* in the vermilion border of the *upper* lip.

In both the skin is unhealthy, healing badly (Graph., Petrol., Sepia); a small injury suppurates much. Like Graphites, Lycopodium and Natrium mur., both have humid spots on genitals and scrotum (eczema). Hepar has great sensitiveness of the skin to the slightest touch, and great sensitiveness to a draft of air. Silicea is the remedy when there are small bodies under the skin or in the larynx. It is the remedy for otitis and caries (Calc. c., Lycop., etc.), and for great sensitiveness of the bones to the touch. It is also an important remedy in rachitis and scrofula (Calc. c., Lycop. and Sulphur). Like Calc. c., it has profuse head-sweat and foot-sweat, but Silicea has sour head-sweat in the evening (Chamomilla), and offensive foot-sweat, causing soreness between the toes. The head-sweat of Calcarea c. is in the evening, and mostly on the back part of the head and on the neck, or at night on the head, neck and chest. Silicea has open fontanelles (Calcarea c.); head too large, and the rest of the body emaciated, but the abdomen bloated,—all important indications in scrofulous affections. As distinguished from Calcarea c., it has weak ankles and inclination to uncover, and the osseous system is better developed.

Hepar has offensive sweat under the arms and on the feet. Hepar is the remedy for blepharophthalmia when the meibomian glands are involved (Euphrasia, Graphites), and when little pimples surround the inflamed eye.

Both may be indicated in tuberculosis. Hepar is suitable in an early stage, and Silicea in phthisis pulmonum with copious expectoration (Stannum). Hepar has cough from the least exposure of a part of the body (Rhus from putting the hand out of the bed-covers), and hoarseness from dry, cold (west) winds, with morning aggravation. It cures croup with suffocative attacks of breathing, choking coughing spells and rattling respiration; cough, with hoarseness all the time, worse after midnight and towards morning. It is indicated in bronchitis with loose, choking, croupy cough.

Both affect the liver. As a hepatic remedy Hepar is said to be next to Mercurius. It is suitable for engorgement of the liver and of the portal circulation, and especially for

hepatic abscess. Both have rumbling and incarceration of flatulence. Hepar has colic with dry, rough, pimply, itching eruptions. Silicea has colic with Silicea constipation.

Both have insufficient peristaltic action of the bowels, and both may have papescent stools. Hepar has fetid stools and sour smell of the child, or whitish, sour-smelling diarrhoea. Silicea has constipation, with large stool, which if partly expelled slips back again, as if from want of expulsive power in the rectum. And it has constipation, recurring before and during the menstrual period (Graphites has constipation before and diarrhoea after the period). Silicea also has as a unicum discharge of menstrual fluid while nursing. This characteristic I have verified. And it is the remedy when the mother severely feels the foetal motions. Both have waking with erections and urging to urinate, and both have involuntary micturition at night.

Silicea is specific for the bad effects of vaccination. Hepar is characterized by fainting with the pains (occasioned by oversensitiveness of the nerves of sensation). Verat. has fainting from the least exertion (from debility), also delirium excited by the pains. Hepar has great sensitiveness of the affected parts to contact (China). With sensation of exhaustion Silicea has great susceptibility to nervous stimuli. With nervous prostration Pieric acid has lack of will-power.

Both Hepar and Silicea have tendency to take cold when the head is uncovered.

Hepar is suitable for slow, torpid constitutions, with lax fibre and light hair. It has great sensitiveness to the slightest contact of ulcers, eruptions and the parts affected.

Silicea is suitable for serofulous children that have worm diseases and profuse salivation, with aggravation of symptoms during the change of the moon. It is to be thought of when Cina does not relieve vermiculous subjects. Silicea cures spasms that return at the change of the moon. Generally it has aggravation during the new and the full moon; Sulphur during the full moon, and Sabadilla during the new and the full moon. Silicea is indicated in dentition when the protruding gum seems blistered and is very sensitive. And it is the remedy for children that are slow in learning to walk. Natrum mur. when they do not learn to walk.

Silicea and lime are among the constituents of Missisquoi and Bethesda springs.

Either follows well after the other.

Silicea may follow Calcarea.

Hepar antidotes Mercurius, and Fluoric acid antidotes Silicea.

Dr. Boyce was requested to report on Nervous Diseases, and he then read a valuable paper entitled "An Introduction to the Study of Nervous Diseases." He said that he promised it to Dr. Hills, Secretary of the State Society. In this paper he gave an excellent anatomical description of the nervous system, with many interesting illustrations and comparisons. The Doctor was requested to continue the subject at the next meeting of the Society.

Dr. Boyce said that he attributed the ordinary convulsions of children to irritation of the olivary bodies and of the medulla oblongata. In illustration he mentioned a case of basilar meningitis which he had treated. The case began with convulsions. The first symptom that led him to suspect cerebral congestion was internal strabismus of the right eye. This he attributed to paresis of the sixth nerve, whose deep origin is the posterior part of the medulla.

Dr. Doane made a report on the pathological provings of Aconite.

He professed not to undervalue symptoms, but he thought these were of value only in leading to the examination of the pathological condition for which he would prescribe. Key-notes were valuable only by leading to the pathological solution of the case. He reported the results of poisonous doses of Aconite given to malefactors. He quoted Hempel, showing that Aconite poisoning produced cerebral congestion; inflammation of the tonsils, pharynx, œsophagus, stomach and small intestines; that it had in one case produced blood-decomposition, and, in short, that Aconite poisoning produced a perfect picture of typhoid fever with dryness of the tongue, flushed face, ringing in the ears, etc. He thought it was one of the principal remedies in typhoid fever. Notwithstanding others' theories that Aconite was useless in this fever, thirty years use of it had convinced him of its great utility in this fever, and *one fact* was worth more than all the theories in the world. He said that Aconite was the great antiphlogistic remedy to be used as a substitute for bloodletting, blistering, purging, etc., in allopathic practice.

Dr. Miller said that, according to the best medical authorities, including Hahnemann, Jahr, Hughes, Bæhr, Raue,

Guernsey, etc., Aconite is seldom or never indicated in typhoid fever, and the reason is that its pathogenesis does not correspond with typhoid fever. Aconite produces a marked and peculiar functional derangement. This is a great excitement of the heart and arteries, which is attended with great thirst, high fever, full pulse, restlessness and anxiety. Aconite is indicated in any febrile condition characterized by these symptoms, and it is the great antiphlogistic that reduces such a fever. But typhoid fever is adynamic, and hence it does not require an antiphlogistic remedy. An Aconite fever is highest in the first stage; not so with typhoid fever, in which there is a regular progression of temperature during the first week. An adynamic fever requires asthenic remedies. Hempel is the principal authority for using Aconite indiscriminately in all forms of fever, even in hectic. He exaggerates the virtues of Aconite, and on merely theoretical grounds he ignores the great therapeutic value of Apis and Lachesis. Those who thus use Aconite in all forms of fever probably do not depend upon the fever-thermometer for diagnosis in early stages of typhoid fever. And many cases of supposed typhoid fever treated with Aconite are not typhoid fever at all, but are catarrhal, gastric, bilious or rheumatic. There is a great deal of guesswork in prescribing for pathological conditions. If the doctor neglects to individualize his remedies by means of characteristics, he certainly does not prescribe on homœopathic grounds.

Dr. Boyce read a paper upon the use of Kaolin in croup. He prescribed this remedy with success when Spongia failed, though apparently indicated. He had with this remedy thus cured seven or eight cases, which he had failed to cure with Spongia.

Dr. Gwynn read a paper on the clinical uses of Phosphorus. (Not received.—H. V. M.)

All these papers were accepted with a vote of thanks to the contributors.

Discussion.

Dr. Gwynn thought that in this case he had not used doses of Phosphorus large enough for a tonic.

Dr. Hawley thought that if the quantity of Phosphorus contained in food could not be assimilated, then larger doses certainly could not be. He thought that Phosphorus accomplished all that it could in the case.

Dr. Miller inquired if a post-mortem had been made to settle disputed points?

Dr. Gwynn regretted that no post-mortem was made in the case.

Dr. Boyce stated that in Dr. Gwynn's Phosphorus case there was regular action of the heart four hours after death. By auscultation he observed this continued action of the heart. There was no pulse. The patient was sixty-five years old, and he died of gastritis following pneumonia.

Dr. Parcell thought that no remedies nor any potency of Phosphorus would have cured this case.

Dr. Swift had seen the case. There was chronic dyspepsia, hepatization of the lower half of right lung, nervous irritation with but little fever. Phosphorus cleared up the hepatization, so that the lung filled during respiration. Then the gastritis set in and carried off the patient.

Dr. Doane reported a case of Phosphorus poisoning. The child first vomited, next jaundice set in, then coma with effusion. The child lived until the seventh day. Post-mortem revealed congestion of the liver and destruction of the stomach, and slight congested spots in the lungs, though the child had no cough.

Dr. Hawley. Our provings of Phosphorus are not from poisonous doses which destroy the stomach. He once knew a case of Phosphorus poisoning in a matchmaker. The youth was about twenty-two years old. He had had a tooth extracted. Caries of the inferior maxilla resulted. The inferior maxilla was then removed. Next the superior maxilla became affected and this was also removed. Finally the lungs became affected and the subject died of phthisis.

Dr. Brewster had known a case of Phosphorus poisoning in a match factory, resulting in phthisis.

Dr. Doane related a case of diabetes occurring many years ago. The patient passed daily six gallons of urine charged with sugar. Phosphoric acid cured the disease, reducing the quantity of urine to one quart a day. Afterwards pneumonia set in with high fever, but no cough. Aconite reduced the fever and drenched the patient with perspiration which ran through the bed upon the floor. Then followed a severe, dry and obstinate cough. A remarkable feature of this case was that during every paroxysm of cough there was a discharge of sulphuretted hydrogen from the patient's mouth, that filled the room, so that no one, not even a dog, could enter without ex-

treme nausea and vomiting. Several allopaths diagnosed the case as one of gangrene of the lungs. The Doctor said that the gas probably came from the stomach. He found that Carbo veg. was indicated. Gave various low dilutions without benefit. Finally gave the 300th with marked relief and a speedy and perfect cure.

Subject for next meeting, Arsenicum and Veratrum album. Adjourned to March 15th, 1877.

A CASE OF PUERPERAL FEVER.

BY M. PRESTON, M.D., OF NORRISTOWN, PA.

(Read before the Chester, Delaware and Montgomery County Society, January 3d, 1877.)

ON November 20th, I was called to attend a woman, æt. about 30, in her second confinement. She had, during the latter part of gestation, suffered very much inconvenience from an œdematous condition of the lower extremities, which gradually became so excessive as to be reckoned an anasarcaous state of the whole body. The labor began about 10 P.M., and lasted five hours, resulting in the natural delivery of twins, the first a vertex presentation in the first position, the second presented by the feet. The patient was threatened with hæmorrhage. She had a few fainting spells and a profuse discharge, mingled with dark clots, which was promptly arrested by the administration of Cycl. Europ.²⁰⁰ in water every five, ten, or fifteen minutes for about an hour, when the alarming symptoms disappeared. Cyclamen has gained a reputation with me in these cases when the patient, soon after delivery, complains of a pain of a colicky bearing-down character, each pain being accompanied with a gush of blood, the expulsion of which is followed by momentary relief, but is succeeded by other paroxysms of the same kind. I have had many patients taken in this way when the hæmorrhage became dangerous until Cycl. was given, and I have yet to see the case where it has not arrested the progress of both pain and bleeding when it begins in this manner.

On the 29th, the patient, who had made to all appearances a remarkably speedy recovery, got out of bed, and persisted in keeping up, notwithstanding admonitions, the whole day

which happened to be a very inclement one. After retiring, she had an attack of what she termed heart disease, which was a chilliness with violent palpitation of the heart, constriction of the chest, and difficulty of breathing. She could not bear to be uncovered, and dreaded the least air to come in contact with any portion of her body. She was enveloped in a perfect mountain of bedclothes, and although in much distress, breath with very high temperature, $104\frac{1}{2}^{\circ}$, she could not bear to have any of this removed, nor bear to take a drink of water, though very thirsty, for fear of a chill. Arsen. 8^m was given every two hours in water, and on December 1st the chilliness, thirst and fever had somewhat abated, giving place to an exceedingly nervous condition, trembling of the limbs, tossing about of the head from side to side and up and down, severe pains in the occiput and neck, profuse warm perspiration of the whole body, feeble intermittent pulse and unequal respiration. The patient's condition alarmed me very much, and *Cimicifuga* was given in third atten. in water, every hour; but a few hours' trial of this medicine convinced me that it would do nothing, and *Stram.* was substituted, as she began to look wild, to pay little regard to questions put to her, and to talk in an absent rambling way, which seemed to call for that remedy. At this time it was impossible to count the pulse it was so rapid and irregular, and almost entire sleeplessness had prevailed since she was first attacked; fears that a sudden cessation of the vital functions might occur at any moment were therefore not altogether groundless. *Stram.*²⁰⁰ was given every hour in water, and a favorable result followed very shortly. A sound sleep of several hours, an abatement of fever and the irregular action of the heart corrected, were brought about by the medicine, so that on the 7th all cause for anxiety about the case had disappeared. A profuse perspiration, however, still kept the patient uncomfortable, and the whole body was covered with sudamina. *Mer. v.*²⁰⁰ given for twelve hours at three-hour intervals, put a final period to this troublesome condition, and the patient became convalescent, being troubled however for a few days with retention of urine. The catheter had to be used for several days. *Pod.*²⁰⁰ corrected this in a short time after it was given. The mother and babies have now been well for almost two weeks.

A CASE OF DIPHTHERIA.

BY M. PRESTON, M.D., OF NORRISTOWN, PA.

(Read before the Chester, Delaware and Montgomery County Society.)

DECEMBER 21st was called to a child, æt. $4\frac{1}{2}$ years, complaining of sore throat. An examination revealed considerable enlargement of the tonsils, but no perceptible deposit. The soreness was described as a pricking sensation and extended to the ears, without difficulty of swallowing.

On the morning of the 22d a well-defined deposit was observed on both tonsils, but it was most tenacious and profuse on the posterior wall of the pharynx; the nose was slightly obstructed, and the high fever which had existed during the night, accompanied by restlessness and moaning, still continued, though the remission was marked, tongue coated yellowish, and a fetor of the breath was quite noticeable.

In the evening of the same day the fever was again violent, the skin pungently hot to the touch, a rash simulating small petechial points appeared on the chest, back and cheeks; pulse 120; rawness of the tongue in spots, and the same prickings in the tonsils extending to the ears which he complained of yesterday, with swelling of the tonsils outside, particularly the right. The membranous deposit had now extended over the whole tonsils to the arches of the palate, and had commenced on the uvula, which was large and œdematous; there was some cough and expectoration; great desire to drink, but no difficulty on swallowing. *Naja tri.* had been given, though in the absence of the most characteristic signs for its exhibition, and more for the reason that it had before, in a previous epidemic, served me almost universally, but was now valueless.

Thus to the evening of the 23d the disease stalked right along without intervention, when it was decided that *Kali bi.* offered a good prospect of aid, on account of the increased soreness of the tongue, the rawness which appeared around the outline of the deposits, the increased obstruction of the nose, and above all the stringy appearance of the membrane on the posterior pharyngeal wall, which was detached in lengthy pieces, and the pains extending from the tonsil to the ear, which also felt obstructed, the child crying for his mother to take the plug out of his ear.

*Kali bi.*²⁰⁰, a dose in water every two hours, was ordered during the night.

A slight improvement was noticed on the 24th, though the fever was still high; pulse 130; the soreness of the throat and tongue had diminished, and the night had not been so restless. Kali bi. was continued during the day and following night at three-hour intervals, and discontinued on the morning of the 25th, at which time the throat looked decidedly better; the uvula had assumed almost its normal size; the deposit on the posterior pharyngeal wall had been detached, and the swelling of the tonsils external and internal had materially decreased. The size of the swelling on the right side approached that of a large hen's egg; the left was not so large, but all the pain had been in the left ear.

Without a change of medicine, or a renewal of the same, a diminution of all the symptoms took place, till on the 30th the child left his bed and resumed play.

I have reason to apprehend that paralysis of the lower extremities, more or less complete, may hereafter occur in this child, because he shows some unsteadiness in his gait, stumbles, and complains of pains in his ankles, and because it has usually followed all cases of the character of this one that I have treated. Paralysis of the inferior extremities occurs first, then loss of sight, lastly paralysis of the muscles of deglutition. These phenomena have generally appeared one, two and three weeks after the patients have apparently recovered and resumed their enjoyments.

These conditions have, in my experience, been controlled by Phos., Lach. and Zinc.

"PRIMARY AND SECONDARY SYMPTOMS OF DRUGS."*

THE value of primary and secondary symptoms, as guides to the selection of remedies in practice, is treated of in a lengthy paper in the *N. A. J. of Hom.*, August, 1876, with the following conclusions, by C. Wesselhoeft:

First, as to succession of symptoms. The Hahnemannian doctrine is understood to recognize the pathogenetic effects of drugs as the primary effects, and on this authority we are restricted to the use of the primary symptoms in practice.

* This paper and the succeeding ones on the Ligation of the Funis and Cerebro-spinal Meningitis were read before the Chester, Delaware and Montgomery County Society, January 2d, 1877, by Mahlon Preston, M.D., of Norristown, Pa., Corresponding Secretary.—*Editor.*

The effects drugs produce on the system at large is an uninterrupted chain of symptoms rising gradually, maintaining their position at the summit, then declining, ending in recovery or death.

The action of any drug may, therefore, be represented by a curve varying in direction at every point, but at none of which a line can be drawn sharply defining primary and secondary effects. The counter effect or secondary action is as apparent in the first symptoms of the drug as in the last, since the suffering indicates the amount of resistance or recuperative effort the system opposes to the drug's action from beginning to end. This constitutes the pathogenesis. It is necessary, therefore, to modify the doctrine of primary and secondary symptoms in this sense, that while primary and secondary effects must be recognized according to time, it must be remembered that though opposite they are due to mutual action of drug and organism.

Secondly, as regards value. Referring to the *Organon* (§§ 112-115) where it is declared that the "secondary or consecutive effect is seldom perceived, where moderate doses by way of trial are used," the author says the effects of large doses tending to overpower and kill the organism, are of very different therapeutic value from the effects of doses which the organism is able to overcome. An arrangement of drug effects is therefore desirable, from which it may readily be determined whether they belong to the class from which the system recovers or to that from which it sinks and dies.

For by placing the terminal phenomena of a case of disease by the side of the terminal phenomena of poisoning by a drug, neither can be expected to counteract the other homœopathically.

It is essential to distinguish most carefully and accurately those signs and symptoms, subjective and objective, under which the organism rallies (+) during the proving or poisoning, and those under which it declines or fails to rally (—), and arrange them for ready reference, that the practitioner may select in accordance with the law of similars.

To obtain useful symptoms, drugs should be proven in doses graduated so as to test the powers of the organism fully, but not to overcome it.

Proving of drugs consists in observing the signs under which the organism overcomes disease, not those under which it succumbs and dies.

The main conclusion from the preceding propositions is, that the whole series of consecutive symptoms from which the system recovers down to the symptoms of decided decline, may be used as guides in selecting remedies under the rule of similars.

The importance attached to a discrimination between primary and secondary symptoms so called, in comparing the pathogeneses of drugs with the symptoms of disease, is an idea which has and still does in a great measure influence the judgment of homœopathic practitioners in the selection of their remedies fallaciously.

The great requirement which needs our attention is an intelligent inquiry into the phenomena of disease and a correct estimation of the influences, physical, moral or medicinal, which produce or tend to intensify or protract the symptomatic developments in each case.

With a vivid knowledge of these before him, the practitioner will recognize the same marked alternate or reactive phenomena, denoting the alternate ascendancy of vital and morbid forces that characterize drug provings. We have need, therefore, only of a sufficiently definite correspondence between disease symptoms and drug symptoms and their respective concomitants to assure us of success under the homœopathic law.

The gravest signs of disease, even where the vital powers are rapidly on the wane, may be met and obstructed by the gravest and decline symptoms of a drug, provided we know and take advantage of initiative stages by which those symptoms were reached.

The final signs of declining life may find no remedy in the symptoms belonging to or rather produced by a given medicinal substance, if those signs are the paralyzed state denoting final disorganization of the systemic forces, because such signs are so general and constant in their manifestations, showing a sameness that no symptomatology could attempt to cover, or more properly one that might be covered by numbers of the active poisons of our *Materia Medica*. Here homœopathy might fail for want of an occasion for its exhibition.

But the experience of every medical man will, I think, warrant him in assuming that there does not exist a possibility of determining where the point of positive and final decline may be fixed in any special case; if therefore we know

what symptoms mark a drug proving or poisoning from the first, and how the period of decline was brought about, we may reasonably expect to rescue our patients from death by a medicinal fac simile of the symptoms as they occur respectively, even though decline has advanced beyond the estimation of human perception. Numerous cases of cholera, typhus, variola, pneumonia and diphtheria, even in my own short experience, vindicate this position.

Were I allowed, therefore, to speak authoritatively, or could I command the opinions of any to agree with me, it would be to the end that scruples as to the opposing character of drug symptoms should be abandoned, however opposite, whether they occur in the same or different provers. If any set of symptoms, elicited from a proving by a reliable person or persons, expresses the idea we want to meet, they are the ones deserving of trial, whether they be opposite, consecutive or primary, in the manner of their appearance; they are also, so far as my experience goes, the identical ones that will solve our dilemma, irrespective of the succession in which they appeared.

ON THE LIGATION OF THE FUNIS.

EXPERIMENTS by Dr. Budin of Paris, cited in the *Hahnemannian Monthly*, October 1876, determined the necessity of dividing and ligating the umbilical cord only after pulsation in it has ceased.

It is claimed that the loss of only 12 c.c. of blood from the placental end of the funis, when it is cut after pulsation has ceased, is conclusive evidence in favor of such a practice, as contrasted with the custom of severing it at once on the birth of the child, in which case 100 c.c. of blood escapes from the maternal end of the cord.

The difference of loss, which is 88 c.c., is presumed to be saved to the child by the latter practice.

The purport of these experiments confirm a position taken by some of our physicians a few years ago, in relation to the non-ligation of the funis. In carrying out that practice, it was thought advisable to wait till pulsation had ceased before the cord might be cut, to avoid entirely any danger of subsequent hæmorrhage; yet the practice was boldly and not unsuccessfully indulged before pulsation had ceased, and I have myself frequently severed the funis as soon as respiration was

established, without serious hæmorrhage or any perceptible deleterious effect on the infant's subsequent health. In fact, I have yet to see the child that appeared in the remotest degree to suffer any immediate or remote ill effects from loss of blood from the umbilical cord, ligated or non-ligated. Having had many cases in which the former and the latter practice was adopted where hæmorrhages or long-continued oozing followed, I am forced to dissent from the idea which seems to have governed the experiments of the Parisian physician—that loss of blood is the sole object to be considered in dividing and ligating the umbilical cord.

The assumption of the experimenter that the difference in loss of blood, 88 c.c., between the pulsating and non-pulsating funis, measures the real gain in volume to the infantile vital current, seems not to be a sound one, because the placental circulation receives its vis a tergo from the foetal heart through the umbilical arteries, which, after the establishment of respiration and closure of the foramen ovale, constantly diminishes till pulsation in the cord ceases by reason of the withdrawal of this vis a tergo from diversions of the circulation; this diminution of force necessitates a slower current and consequent collection and coagulation of blood in the vein, and it is therefore kept from entering to any extent into the general systemic circulation. Whereas, when the cord is severed while the placental circulation is yet in some degree of vigor, it is reasonable to suppose that the stimulus of the yet active current would induce rhythmical contractions in the vessels sufficient to expel the principal portion of the column of blood contained in them, and that in a few seconds they would be abnormally empty, and in a state of rigidity contrasting strongly with the flaccid condition of the vessels of the non-pulsating cord. Hence the loss of 88 c.c., which is assumed to be effected by cutting the pulsating cord, is not a correct expression of the loss, even if it were not proven by the experience of hundreds of physicians that the loss, whatever it may be, is of no material importance to the subsequent healthy condition of the infant.

Here it may be proper to express some experience in non-ligation of the funis.

It has been my experience that bleeding is as prone to follow cutting of the cord after as before pulsation has ceased; many trials have taught me that there is little safety in leaving the divided funis untied unless some provision for the

application of a ligature is made. I have been numerous times summoned to stop hæmorrhage which did not come on till one or two hours after the child was born.

I believe no hæmorrhage which has occurred at the time of cutting or subsequently from the end of the funis was ever detrimental in any case I have known.

A free flow of blood from the end of the cut funis seems, so far as my experience goes, to be beneficial rather than hurtful. I cannot say that I have seen any special or general reason to delay cutting the funis till its pulsation has ceased, judging from the general health and vigor of the infants subsequently. It has, however, been my custom to wait till pulsation has ceased, unless some cause existed to make it desirable to remove the child sooner.

It would be desirable for the Society to collect statistics on these points from the experience of its members, and have the results regularly reported.

CEREBRO-SPINAL MENINGITIS.

FOUR cases of cerebro-spinal meningitis are reported by Dr. Dwight B. Hunt, of New York City, in the *Hahnemannian Monthly*, Sept. 1876, which, from their very grave character, and the treatment they received, have doubtless commanded an eager perusal by the members of this Society.

The object in mentioning them in this report is to notice the initiative treatment which each case received, and to discuss its merits as a constant expedient under the homœopathic law.

The patients were seen first by the physician in a cold, cyanotic, unconscious or semi-conscious, pulseless or nearly pulseless condition, from which they were resuscitated by the administration of *Carbonate of Ammonia* and brandy, with warm applications to the feet.

On the appearance of reaction the use of *Cimicifuga racem.* was resorted to with a final favorable result, except in one case, in which the patient succumbed to tuberculous formations in the lungs.

The indications for *Cimicifuga* which called for its use in these cases were: Tenderness over the upper part of the spinal column; retraction of the head and neck; great hyperæsthesia of the skin; frequent watery green evacuations from the

bowels; vomiting; strong, full, rapid pulse, 120 to 140; petechial spots. *Cimicifuga* was given in tincture, five drops to one-third of a glass of water, a teaspoonful hourly.

The results of treatment with *Cimicifuga racem.* of cerebro-spinal meningitis will be received by the profession with thankfulness, as also the successful treatment of that terrible disease by any remedy whose indications can be vouched for; but can we as readily accept the treatment which was adopted in these cases for resuscitating them from the apoplectic, paralytic or cyanotic condition in which they are frequently found by the physician on his first visit.

The circumstances under which Ammo. carb. may be applied for such purposes, we are taught to believe, are only those which are clearly marked out for us in the pathogenesis, and since it is one of our well and reliably proven medicines, there ought not to be much doubt as to when it should be used. In such a crisis I should be inclined to rely entirely on its action, and to dispense with brandy as an adjuvant.

In descending from generalities to particulars we shall find a number of other medicines which might have, and have afforded the homœopathist the much-needed assistance required in these cases when guided by the infallible law to their choice. Among these may be mentioned Laur., Carbo v., Phos., Cup., Camph., Ars., Verat.

It seems to be a fact which we as a school of medicine have much to regret, that there are still so many among us who evince great want of faith in the law of cure just at the crisis where its strict maintenance would supply them with the most certain, speedy and radical aid.

THE VALUE OF A KEYNOTE SYMPTOM.

BY COATES PRESTON, M.D., OF CHESTER, PA.

(Read before the Chester, Delaware and Montgomery County Society, January, 1877.)

Mrs. M. S., aged about 25 years, of fair complexion, blue eyes, low in stature, and well-rounded form, the mother of two children, aged respectively three and five years, was in her sixth month of pregnancy. She had been spending two days at the Centennial, and called at her mother's in Chester on her return to her home in Washington. While at her mother's, was taken with labor pains accompanied with considerable uterine hæmorrhage, which continued at intervals for

five days previous to sending for me. I found her suffering with those peculiar and most unsatisfactory labor pains which seemed to afford no relief. She said her strength was all gone, and she could neither press against the foot-board with her feet nor make any traction with the hands. Patient nervous and restless, making violent outcries when the pains came on. She resisted all interference on account of the great sensitiveness of the parts. I succeeded, however, in discovering that the os uteri was considerably dilated but quite rigid, but on account of her great resistance, I was at this stage unable to detect fully the presentation. She persisted in her determination not to have me touch her, and I made no further effort to examine for some time. Pulsat. failed to change the pains to a character to warrant a hasty conclusion of the labor. The patient complained of great exhaustion, having no strength to resist her pains. She wished to be fanned all the time, but would tell the attendant not to fan so hard as it took her breath. Here was the key for China, which should have been given instead of Puls., owing to her prostration from loss of blood which caused her to feel faint and almost helpless, but in relation to the remedy these symptoms were overlooked until this keynote presented. A few pellets of China^{2c} were now given, and the patient immediately rested and slept some between the pains, which she had not done previously, and in about seven minutes she had a pain which was really and truly one of efficient labor. The feet were now pressed with great force against the foot-board, and strong traction was made upon the hands of the attendant. When the pain was over, she rested with confidence, and remarked that her strength had all come back to her, and she now could endure any amount of pain. After three or four such pains I saw that the labor was rapidly advancing, and felt that interference was my duty, although she resisted and entreated me not to touch her. I, however, succeeded in discovering that we had a shoulder presentation with an elbow already in the vagina. I now felt that interference was absolutely necessary, and with her determination to resist it, I knew it could not be successfully accomplished without an anæsthetic. I immediately drove to my office, a distance of scarcely three squares for ether, could not have been gone ten minutes, but when I returned the child was born in this position, shoulder presenting, with the head pressed well into the left breast. The fœtus had been dead for some time, and the shoulder and pre-

senting part of the head were greatly tumefied and discolored. The fetus was of ordinary size for one of six months in utero.

The mother recovered rapidly; said she felt like rising and going to work on the next morning after the accident, and was walking on the streets in five days, although contrary to my advice.

I mention this case not as anything very remarkable in practice, only so far as the appropriate remedy is concerned in shortening the suffering, and often giving prompt and decided relief to parturient women, and sometimes obviating the necessity of painful manipulations which afford but little relief.

The proper remedy at the right time in one of the higher attenuations in my hands often shortens the labor many hours, and rapidly brings rest to both patient and doctor.

Only a few weeks since I had a case which had been lingering several hours with inefficient pains and no prospect of a hasty termination; finally I discovered that there was great tenesmus of the rectum with desire to go to stool every few minutes, but with inability to effect a motion of the bowels. This was a strong indication for *Nux vom.*, which should not have been overlooked so long, but now that the fact was fully realized, a dose of *Nux v.*²⁰ was given, and the next pain was an effectual one, and the child was born in fifteen minutes, saving, as I fully believe, several hours' suffering.

Nux v. is a remedy which if given high enough in potency will very often shorten tedious cases of labor several hours.

If we study the symptoms of tedious labor as we do other cases, and treat them in accordance with our unerring law of cure, administering the proper remedy at the acceptable time in properly attenuated doses, we will in nearly every case greatly shorten the suffering of our patients, and in the aggregate save ourselves an incalculable amount of valuable time, labor and care.

COCHINEAL IN SPASMS AND NERVOUSNESS.

BY DAVID COWLEY, M.D., OF PITTSBURG, PA.

(Read before the Pennsylvania State Homœopathic Medical Society.)

I WOULD call the attention of the Society to *Cochineal* as a remedy for eclampsia or spasms, and also for nervousness. Some months ago a lady told me of its successful use in the case of her son, who was subject to spasms when teething, and

also when troubled with worms and whooping-cough. She also said that a baker told her that he always used it for nervousness, and had cured his own child of spasms with it.

The mode of using it was by crushing three of the insects, mixing them with half an ounce of milk, and giving one-fourth of the quantity every fifteen or twenty minutes.

Shortly after hearing of the above experience I had a severe case of eclampsia. I was called, July 2d, 1876, about 8 P.M., to a little girl about two and a half years old, who was found by her mother working in violent spasms, which had come on while she was sleeping. After giving Opium, Cupr., Verat., Bell., Cina., Kal. brom., Morphia, the case was not improved; gave each remedy every five to ten minutes for half an hour at a time. About midnight I sent her father to the drug store for some *Cochineal*. I gave three or four insects crushed in a teaspoonful of milk; in a few minutes the muscles became relaxed, and after three doses, about ten minutes apart, the spasm had ceased. The next day the child was free from everything except an occasional stiffening of the right arm and leg; had slept only fifteen to thirty minutes at a time through the night, from one o'clock till morning, when she took a long sleep of two or three hours; rejects her food; pulse 120; starts up occasionally as though frightened; gave *Rhus tox.*³ for the straining of the muscles from spasm, and *Gels. θ* aq. for the starting as from fright, alternating every one or two hours. The next day, July 4th, was better, though she had not yet slept very well; was nervous; started out of sleep through the night; had a great deal of diarrhoea to-day without pain; gave *Stram. θ China* off. 6 aq., every one to two hours. July 6th, diarrhoea had ceased; was eating well; not cross any more; had been very cross, screaming at every one who came near her, except her mother; gave *Bell.*³² *Calc. c.*¹⁶ two to four hours; is getting some teeth.

The child was entirely well, though thin and rather feverish for some time afterwards.

I have used the *Cochineal* in two other cases with good results, but cannot give the particulars now.

I would ask the physicians if any of them have experience in the use of *Grindelia robusta* in any form in cases of *asthma*? It has been so highly recommended by many allopathic physicians in that disease that it seems worthy of a trial and proving by homœopaths. It is spoken of in the *United States Dispensatory* and several of the journals.

A CASE OF ABDOMINAL DROPSY.

BY W. R. CHILDS, M.D., OF PITTSBURG, PA.

(Read before the Pennsylvania State Homœopathic Medical Society.)

MR. V., a travelling agent, had been of a constipated habit since 1872; meals irregular, and sometimes poor; has been in the habit of using cathartic pills. In the fall of 1874, skin became sallow, and he complained of soreness over the liver. December, 1874, called on an allopathic M.D., who told him jaundice was the trouble, and prescribed blue mass. At this time he began to swell, increasing in circumference about an inch a week. Consultation held in January, 1875, with two other M.D.'s; was told paracentesis must be resorted to, and that it would only give temporary relief, as death would terminate his career in a few months. Tapped 6th of January, taking away about $6\frac{1}{2}$ gallons. No restrictions in regard to eating and drinking. Was given all kinds of drinks in connection with iodide potassa. He had been tapped seven times before I saw him, averaging about 7 gallons at each tapping. May 10th, 1875, I took charge of the case, putting him on Nux³, which was continued until the 13th, when Canth.³ was given, owing to constant desire to urinate, with but a few drops passing at a time. This was continued until the 20th, when Lycop.³⁰ was selected as *his* remedy, from the following symptoms: Low-spirited, nervous and irritable, scanty urine, with a little red sediment, emaciation of upper part of the body with enormously distended abdomen; strongly suspected enlargement of the liver; pain in lower limbs, with coldness, constipation, face pale; symptoms all worse in afternoon. May 21st, consultation held with Dr. J. H. McClelland; treatment indorsed, and the following day (22d), assisted by Dr. McClelland, we removed by aspiration 34 quarts of dark wine-colored liquid, heavily charged with albumen. The circumference of abdomen before the operation measured $32\frac{1}{2}$ inches, after 32 inches. The ensiform appendix was turned up like a hook, and the anterior border of the liver extended below the margin of the ribs about $3\frac{1}{2}$ to 4 inches, turning up and sticking out from the ribs like a half-shut hand, so that, in the language of Dr. McClelland, "there was now an opportunity to shake hands with the liver." The left lobe extended over into the left hypochondriac region. After bandaging and making comfortable in bed, the patient was given Arnica³

every two hours while awake, leaving orders to restrict him in regard to liquids, and give him beef, bread and butter, and rice with a little cream. On the day following, when visited, he reported having had several hours' good sleep, bowels evacuated, and about four ounces of urine passed; was feeling more comfortable than he ever had done after being tapped; thinks the aspirator a grand instrument compared with the trocar and canula. Mr. V. said the tub into which the fluid had been emptied from the bottle as drawn off had stood over night, and there had deposited a thick jelly-like substance half the depth of the liquid, which looked like partly melted glue. *Lycop.*³⁰ was given in pills, dose every three hours, and continued until the 2d of June (eight days), when it was changed to *Lycop.*²⁰⁰. The patient filling up rapidly and becoming uncomfortable, a second consultation with Dr. McClelland was held on June 9th, and with the assistance of Dr. McClelland we aspirated him again on the 11th, getting at the end of 21 days 35 quarts. After treatment, *Arnica*³ two hours while awake, *Lycop.*²⁰⁰ to be resumed on the expiration of 24 hours. June 21st, has been doing well until to-day; now pains in region of the kidneys, with sharp pains passing along the ureters to the bladder; urine very scanty, hot, and sandy deposits, bowels constipated—*Nux*³ two hours; 22d, symptoms same as yesterday; no sleep, headache—*Canth.*³ two hours; 23d, no urine passed in last 36 hours; introduced catheter, and find bladder contains no urine—*Cann.*²⁰⁰ in pills, dose every eight hours, blanks two hours in between doses; 24th, Dr. McClelland consulting, no urine for 60 hours; try catheter; continue *Cann.*²⁰⁰ same as yesterday; call at 11 P.M., and still no urine obtained by the catheter, nor has any been passed naturally for 72 hours; ordered hot sitz-bath with hot applications over renal region; patient now has symptoms of uræmic intoxication; 25th, Dr. McClelland visits with me; at 8 o'clock this A.M. passed a very small quantity of urine in the bed, and slept for half an hour. Improvement sets in from this date; *Lycop.*³⁰ again given every three hours, with one dose at 4 P.M. of *Cann.*²⁰⁰, passing on 27th about 3 ounces; 29th, 4 ounces per day; abdomen continuing to fill up, on July 9th a consultation was held with Dr. McClelland, and on the 10th we aspirated the third time, obtaining at the end of 29 days 37 quarts of fluid similar in color, and on examination it shows a quantity of albumen in same; liver less in size, and the patient holds his own well (but his water better), and is quite

hopeful; Arnica² for first 24 hours, then Lycop.³⁰ three hours; visit him occasionally, and leave Lycop.²⁰⁰ for a change, giving it once in 24 hours along with Sac. lac., until August 4th, when, in company with Drs. McClelland and Buffum, we aspirated, getting at the end of 25 days 36 quarts; liver receding; treatment the same as on other occasions; August 25th, with Dr. McClelland aspirated for the *fifth* time, 21 days, quantity $36\frac{1}{2}$ quarts—treatment similar, except going higher on Lycop.^{unknown}. September 14th, at the end of 20 days, with Dr. C. F. Bingaman, aspirated, getting 37 quarts; continue Lycop.³⁰ three hours. October 13th report the case to the State Medical Society, inviting the members to visit the patient. On the 14th Dr. E. A. Farrington accompanies me and makes a careful examination, listens to the history from the patient, and advises to stick to Lycopod. On the 15th, in company with Dr. J. H. Buffum, we aspirated for the seventh time, getting at the end of 31 days, 38 quarts. Stick to former treatment, and on November 6th, with Drs. J. C. Burgher, J. H. Buffum and C. F. Bingaman, Mr. V. is aspirated the eighth time, yielding $36\frac{1}{2}$ quarts (carefully measured to satisfy a doubting M.D.). Treatment the same as before, liver much decreased, and the patient prognosticates sure recovery, to the disappointment of the M.D. who first had him in charge, who, on meeting me one day, said: "I could have sworn old Van would have been dead before the 1st of October." I asked him what his diagnosis had been; he replied: "Hydatids of the liver, or else cancer and chills. I tell you he must and will die before the 1st of January, 1876. Why, man, look at the statistics; they all go to show that he cannot live beyond that time." I said, "But, Doctor, you forget two things—your statistics are allopathic, and old Van is under homœopathic treatment. Now, my good fellow, Van has been promised a turkey for New Year's dinner, and if he is not alive to eat it, and if he don't partake of it with a relish too, I will send you a box of good cigars." Our patient filled up slowly but surely; on the 30th of December, at the expiration of 54 days, I (in company with Drs. Burgher, McClelland, Buffum and Bingaman, attended by four students), at Mr. V.'s own request, aspirated him so as to make room for his New Year's dinner of turkey. The result of this operation was 24 quarts of very heavy dark liquid containing mucous casts or scales. Treatment: Arnica³ one day, Lycop.³⁰ three hours. During the month of January there was very little

enlargement. February 20th, measured around waist 40 inches. March 22d, measures 42 inches. March 28th, called at my office, and afterwards called on Dr. McClelland; says he is the happiest man in Pittsburg. "Would rather bet on homœopathy than a five-ace hand in poker." Continue Lycop.³⁰ three times a day. Met him on the street seeing the old century out and the new in; and now, this 23d day of September, 1876, he is engaged in the commission produce business, travels through Ohio buying grain, believes in homœopathy, says he has neither hydatids nor cancer of the liver, nor is he yet dead, statistics to the contrary. He has not aspirated for nine months, and does not aspire to be. Would respectfully refer to Dr. McClelland for certificate for agility.

From this you will see that this one man distilled and dispensed within the year 1875 the enormous quantity of 127½ gallons or 1020 pints of water; the weight of each pint weighed varying from 17½ to 19 ounces avoirdupois.

THE HAHNEMANN CLUB OF PHILADELPHIA.

REPORTED BY BUSHROD W. JAMES, M.D.

(Continued from page 301.)

September, 1876.—The disease tendency for this delightful month, as might be anticipated from the unusually long-continued depressing hot terms of the summer, has been towards a low type of fevers of a malarial origin mostly, and typhoid fever has existed, with some intermittent, some remittent and a few bilious fever cases, with dysentery and diarrhœa, and cholera morbus cases more than usually numerous, all through the sections of our country to which the very long hot season extended, and especially in and near large cities. In the southern part of the country the yellow fever has had unusual sway, but the frosts and lower temperature of October will no doubt modify all these diseases and stop the spread of several. Every September there are many cases of asthma and what are called hay-fever attacks all through the temperate zone (in the eastern part of our land at least). This month it has been more extensive and general than usual. The month set in with quite a disposition to coryza and influenza and catarrhal colds. Neuralgia and rheumatism were also met

with to a limited extent, occurring mostly during the cloudy and damp and windy weather.

High winds are very prolific of neuralgias in susceptible constitutions. Quite a tendency to disease of the ear was observable throughout the month, especially when the catarrhal colds were most abounding.

This feature of disease tendency, as well as others that I had noted, has been confirmed by others, the most noteworthy observer being Dr. B. F. Betts, who, in a note to me on the subject, says:

"Beside bilious, remittent and typhoid fever, unusually prevalent at this season, I have to report an unusual amount of dysentery; but particularly interesting is the prevalence of inflammation of the external meatus auditorius and otitis media, first noticed in a number of visitors to our city, consequently supposed to arise from drafts through car windows, but recently citizens have been suffering."

The *Monthly Weather Review*, speaking of barometric pressure, says:

"Perhaps the most remarkable features in this respect, are the high pressure in and north of Minnesota, and the low pressure off the Middle Atlantic States, which conditions, if they continue, may herald an early and cold winter. As compared with the isobars of August, 1876, lower pressures are noted in Oregon and throughout the Atlantic States, but decidedly higher pressures in Minnesota and Dakota, showing that the change from the summer to the winter distribution of the atmosphere is already well under way."

Areas of High Barometer.—"These areas have, during the past September, been marked at each successive recurrence by a steady increase in the temperature depression, in the area and volume of cool air, and in the distance to which they have penetrated southward, before being dissipated by solar heat and increasing moisture. Thus, in the early part of the month, none of these were able to produce severe northerly winds on the Gulf coast, while the last one exhibited a somewhat unexpected power in this respect, as shown by the 'northers' of September 29th and 30th."

Dr. J. G. Houard presented a translation from the French of a paper on the *Hippomane Mancinella*.

NOTES ON THE EFFECTS OF THE SAP OR JUICE OF THE
HIPPOMANE MANCINELLA.

BY MESSRS. OLIVIER, DANGERS AND ORFILA.

AMONG the exotic vegetable poisons, the Mancinella is certainly the one of which the most exaggerated accounts have been given. Some have spoken of the deadly influence of its shade, others have cited examples of the mischievous action of the dew which had rested upon its leaves, and it has been fabulously reported that the very atmosphere surrounding it is deleterious, that the deleterious property of this tree is found in the abundant sap contained in its leaves, bark and fruit, the taste of which is at first insipid, and then soon becomes caustic and imparts a burning sensation to the lips, tongue and throat.

It appears that the Indians were in the habit of poisoning their arrows with the juice of this tree.

The latter portion of the account, more authentic than the first, is the only one we have had till now on the nature of this poison. It was with the object of acquiring positive knowledge of its effects that Dr. Orfila and myself determined to undertake a series of experiments, confining ourselves to the indication of the general results.

The sap of the Mancinella tree, which we have employed in our experiments, was collected in the month of October, 1824, in the West India Islands, from whence it was sent to Dr. Orfila.

This sap was inclosed in a bottle, enveloped and sealed with care, and arrived in Europe without having undergone any alteration.

It is of the color of milk, opaque and thick, in concrete particles, like cheese; its odor, which is not very penetrating, is analogous to that which results from a mixture of worm-wood and tansy, and reminds one of the cutaneous exhalations which we meet with in certain persons.

After smelling it for a short time, it soon produces a strong pricking sensation around the wings of the nose, the eyelids and the lips, without observing any change in the color of the skin. The sensation persists several hours, and then gradually subsides. The taste of the sap is at first insipid, and is soon followed by a sharp biting sensation of short duration, but the smallest particle of the sap applied to the tongue produces in a few minutes a burning sensation to the

back part of the throat, accompanied by a very disagreeable constriction. This burning sensation, which in some poisons lasts a whole day or more, depends upon the quantity so applied. We have not observed any alteration in the parts touched. However, we have noted, after ten or twelve hours from the time the poison was applied to the face, an erysipelatous redness accompanied by a slight swelling and continued itching.

The following day all that portion inflamed was covered with a multitude of miliary pustules, of a white color, and with desquamation, accompanied by intense itching.

No effect was produced on the hands from handling the sap.

Experiments on Animals.—This sap, when applied to the cellular tissue of a dog's thigh, did not appear at first to produce any great local pain. The respiration and circulation were not affected. The animal was calm, and when he walked he held up his leg, avoiding standing upon it. At the end of an hour he became dull and drowsy, but opened his eyes at the least noise. He remained lying down, and when forced to get up he walked slowly. No part of the body appeared convulsed.

He remained in this state from twelve to thirteen hours, and during this interval he experienced two or three times some nausea, followed by vomiting. The drowsiness and weakness increased gradually. Shortly after the animal could no longer keep on his feet, his eyes became glassy and filled with tears, breathing and circulation were accelerated, but weak. He did not show any signs of violent pain. General prostration was carried to the highest degree, and the animal died quietly, at the end of twenty-four hours, without any convulsive movements.

Five or six drops applied to the cellular tissue of a guinea-pig, were sufficient to cause death in this animal in the same space of time, and with the same symptoms.

After death there was found considerable inflammation of the subcellular tissue, which was not confined to the spot where the poison had been applied, but extended itself to the whole of the cellular tissue of the abdomen, the back, and as far up as the half of the thoracic parietes. The cellular tissue was strongly injected and friable, and when cut it appeared to be injected with a sanguinolent serosity, as is observed in animals that have died of anthrax. The heart and large vascular

trunks were filled with coagulated blood. The brain and its membranes presented nothing remarkable.

One drachm taken into the stomach produced vomiting in fifteen minutes. The animal became dull, sullen, dejected, and cried out at every movement as if suffering from pain. He lay down flat upon his belly, and sought the coolest places in the shade, then raised upon his feet; he walked without showing any signs of vertigo or convulsive movements. In about an hour repeated liquid alvine evacuations took place, with vomiting. At times these evacuations were by jets, as is produced by strong and sudden contractions of the intestine. At intervals he would cry out for a long time, and suddenly jump to his feet and walk about slowly and look uneasy. The dulness increased insensibly, the vomiting occurred at longer intervals, and the animal growled mournfully, and died in about ten hours after having taken the poison.

Five or six drops given in the same manner to guinea-pigs produced the very same effects, killing them in about the same length of time.

On opening the bodies we found the mucous membrane of the stomach of a dark-red color in the whole length, without ramollissement. All the capillary vessels were strongly injected.

The mucous membrane was highly inflamed; the cavity of the stomach was filled with a liquid resembling exactly the dregs of red wine, which was evidently the result of a sanguineous exhalation, which imparted this color to all the substances contained in the whole extent of the alimentary canal.

The mucous membrane of the jejunum was but slightly colored, but that of the ileum was of a deep cherry-red, which became deeper as it approached the cæcum. The mucous membrane of the large intestines and rectum had the dark color observed in the stomach, and their cavity also contained a similar sanguinolent liquor. The cavities of the heart contained coagulated blood. All the rest of the organs presented no alteration whatever.

Finally, we injected into the jugular vein of a young dog about a half drachm of the poison, mixed with the same quantity of distilled water. We had hardly finished the injection when the dog cried out, the breathing became accelerated, and the animal died in two minutes without any convulsive movements. We observed nothing more than the coagulation of the blood in the cavity of the heart.

It is evident from the phenomena which we have demonstrated, and the alterations which we have observed after death, that the accidents produced by the sap of the *Mancinella* are the result of inflammation which it produces, and we think that it must be classed among the acrid and irritating poisons, and not classified, as it formerly was, among the acrid narcotics.

In fact we find here the same effects as are produced by a large number of irritating poisons, such as *Gumma gutta*, *Agaricus*, etc.; and, when applied to the cellular membrane, it produces a considerable inflammation, which spreads far beyond the spot to which it was applied, and, like *Colocynth*, *Elaterium*, *Euphorbium*, and other irritating and energetic vegetable poisons, when taken into the stomach, it produces a great inflammation of that viscus and of the intestines, and it only differs from them in the rapidity and intensity of its action.

Moreover, we have remarked in this last case, as it had already been observed in analogous experiments made with the poisons mentioned above, that the inflammation had its special seat in the stomach and large intestines, and that the small intestines were but lightly affected. It is possible that peculiarity depends (as Dr. Orfila thinks) on the rapidity with which a portion of the poison passes through the small intestines. This explanation is more plausible than the theory that the poison had a special action on those two portions of the alimentary canal, since we have not found there any traces of alteration when the animal died from the application of the poison to the cellular tissues.

The only difference which we observed between this inflammation and that produced by the other vegetable poisons just mentioned is, that in this instance it was carried to a higher degree of intensity, and that it was not confined to the large intestines, but extended to almost the whole length of the ileum, the mucous membrane of which was of a deep cherry color.

Finally, the sanguineous exhalation with which we met demonstrated the extreme violence of the phlegmasia. We think that it is useless to say any more about the phenomena which we have just reported, to demonstrate that there exists a perfect identity between the action of the irritant poisons and that of the *Mancinella*. We shall only add, that of all the poisons of this class, as far as we know, it is the most active, and its effects the most rapidly fatal of all.

As to the death of animals, it appears to be the consequence of violent inflammation produced in those parts to which the poison was applied.

NOTES ON THE GENERAL DISCUSSION AT THE NOVEMBER MEETING.

Ustilago maidis.—Dr. J. P. Dake said he had not received the benefit from it in hæmorrhages he had expected.

Dr. Korndørfer remarked that the kind of hæmorrhage that *Ustilago maidis* cures is a persistent or continuous one of brownish blood with want of uterine contraction.

Anisum stellatum.—Dr. Houard had tried it for the peculiar pain under the third rib that Dr. Jeanes gave as a characteristic indication for the remedy, but it failed every time. His remedy of *Ergotin* for hæmorrhage just after parturition was different. It stops the hæmorrhage every time, but must be used low.

Ergotin.—Dr. Dudley could stop post-partum hæmorrhage with this remedy ; his success was not as good when he did not use it.

Tarantula and Mygale Symptoms.—Dr. Houard claimed that the symptoms of the two had been all mixed up. We have no good proving of the *Tarantula*, nor is there any of the tincture of this spider in the country to his knowledge, unless it had been brought or sent here recently. The *Mygale* has a characteristic difference. Dr. Nunez obtained his from Taranta, Italy, and he had promised Dr. Hering and himself some of the genuine.

Dr. Nunez says, the symptom of music relieving the pain is incorrect. Music will not relieve. The provings have been made with the *Mygale Cubensis*, and that is what is sold and used in practice, not *Mygale avicularia*. There will be some of the real *Tarantula* obtained, however, soon, and doubtless there would be a proper proving made of it ere long. It is only found in one locality in Italy and on some of the Mediterranean Islands.

Eupatorium perfoliatum was this season the endemic remedy for influenzas. Dr. Korndørfer stated that Dr. Hering had informed him that this was the first season for about ten or eleven years that this had been the case.

Allium cepa was named by Dr. Bushrod W. James as a valuable remedy this fall for the coryzas and catarrhal colds

so prevalent in this locality, especially in the early stage, with sneezing, lachrymation and slight soreness of the throat.

Cholera infantum.—Dr. Dudley said, figures in the aggregate show that the greatest mortality in Philadelphia occurs in July. It becomes epidemic about the 13th of June, and reaches its climax about July 15th. He thinks a predisposition which some children have to the disease will make them get it, hot weather or not, about the season named; more children die on hot days, however, and they begin to get better within twenty-four hours after cooler weather sets in.

Dr. J. P. Dake said it was bad in Nashville in June. It and diarrhœas commenced on the appearance of unripe fruits. July and August were very healthy months there.

Dr. J. H. McClelland related a case of tricuspid insufficiency, blowing first sound, dyspnœa, etc., and lung complications. He had given Iodine, Calcarea carb., Spigelia, Arseniate of Soda, Sumbul.

Dr. Houard suggested Veratrum vir., and Dr. J. E. James Arsenicum.

BRYONIA IN IRRITABLE HEART.

BY E. M. HALE, M.D.

SEVERAL years ago there appeared in the *Amer. Hom. Observer*, a paper by Dr. E. C. Price, of Baltimore, Md., on the "Influence of Bryonia on the Pulse," in which the author, always noted for his close and accurate powers of observation, gave numerous instances in which he had noted decided effects from Bryonia in restraining the rate of the pulse.

I read the paper in manuscript, and it left an indelible impression on my mind, and I have several times observed the same effects noted by Dr. Price. His observations mainly related to its effects in *pneumonia*, and the paper left the impression on my mind that the slowing of the pulse might have been through its influence on the respiratory organs.

I am now satisfied, however, that in some way Bryonia is a true "cardiac sedative" when used in attenuated doses, and a "cardiac stimulant" when used in material doses. What influence it has on the inhibitory nerves, the retardators and accelerators, we do not yet know, but we can readily believe that primarily Bryonia depresses the power of the retardators (pneumogastric), and secondarily excites them. This effect it

may have aside from its power of producing inflammation in the serous, muscular and other tissues. The following case will illustrate its curative power better than any amount of theorizing :

A young married woman applied to me for the following symptoms: *Constant rapid beating of the heart, which she could feel and see*, aggravated by any emotional excitement, active exercise and eating. The *pulse* averaged 120 standing, 100 sitting, and 100 lying down. *Examination* by auscultation revealed *abnormal sounds*, only the rapid beating synchronous with the pulse. The *force* of the pulse and the heart's beating was *less* than normal. Otherwise this patient was in good health. She neither used tea nor coffee, and her habits were regular.

I prescribed in turn *Lycopus*, *Collinsonia*, *Prunus* and *Iberis*, with no permanent result. *Lycopus* appeared to have the best influence, but only temporarily.

Remembering Dr. Price's paper, I prescribed *Bryonia* 3^x dil, 5 drops four times a day. In a week the pulse had dropped 10 beats; in two weeks it averaged 80, and at the end of the third week was 76. The remedy was given three times a day the last week, after that it was suspended, and now six months have elapsed and no relapse. She had been troubled with this cardiac irritability for several years.

LIFE INSURANCE.

BY JAMES B. WOOD, M.D., OF WEST CHESTER, PA.

(Read before the Chester, Delaware and Montgomery County Society, Jan. 2d, 1877.)

PUBLIC attention is now and has been for some time past attracted by life insurance companies, through their various agencies scattered broadcast over the entire extent of this country.

Of course all judge for themselves as to what company they deem it most advisable to insure in, but to all homœopaths, the Homœopathic Mutual of New York commends itself most forcibly, on account of the lower rates to homœopaths, being ten per cent. lower than those of other insurance companies in good standing, as the statistics furnished by them fully prove and justify.

All companies lay down certain rules and regulations, and propound certain interrogatories to the applicant for insurance, not only in regard to his former and present health, but that of father, mother, brothers and sisters, etc., and make particular inquiry in regard to diseases of the throat, chest, heart, stomach, kidneys and brain, and likewise into the

causes which may produce a diseased condition, or whether the applicant resides in a miasmatic district of country, and above all whether or not he is intemperate.

It is eminently right and proper that they should inquire into all causes which may produce disease, and thereby tend to shorten life, to make such associations a success.

Now diseases of the mouth, throat, bronchia, heart, stomach, kidneys and brain, according to my experience as a physician, are induced not alone by intemperance from alcoholic drinks and other causes against which they discriminate, and very justly, but by another substance in common use, which causes irritation of these organs, and produces cancer of the lips and mouth, dyspepsia, deposits of fat about the heart and large vessels near by, hypertrophy of that organ so as to produce hæmorrhage similar to that induced by some forms of consumption; and yet not one word regarding it is propounded to the applicant, no matter what his habits in that respect may be.

I allude to the indiscriminate use of tobacco by nearly all classes of men. Being satisfied for many years from observation and experience that its use tends to abridge or shorten the period of human existence, I make this communication.

The observations of many years confirm me in the opinion that at least three-fourths of the male population use tobacco in some form. I have therefore taken a given district of country, and selected twenty-four of the oldest inhabitants equally divided between the users and non-users of tobacco, and find that the average difference of ages is nearly nine years in favor of the non-users.

Take another example. Our town (West Chester) contains about 7000 inhabitants, and amongst them are seventy-six (76) males over seventy years of age. I have made inquiry of them and from other sources regarding their habits in this respect, and find that thirty-seven of the number are victims to the use of tobacco; that is, when the age of seventy or over is reached, the numbers between the smokers or users of tobacco and those who abstain from it are about equal.

Now, if tobacco has no tendency to shorten life (as some aver), how does it come that when three-fourths of the men use it in early life, the scales are equally balanced at the age of seventy years? Can we come to any other rational conclusion than that set forth by these statistics, that two-thirds of the victims of tobacco die prematurely.

I will not contrast the personal appearance of the two classes in this paper. Each of you can do so amongst those of your own acquaintances, and the result will be marked, and will be attributed by you to this self-imposed scourge of the human race.

But a few days ago I was in conversation with a physician who is an examiner for several life insurance companies, and he informed me that when examining candidates for insurance he found it extremely difficult to diagnose between sympathetic and organic diseases of the heart in those

who use tobacco even moderately, and in consequence of such difficulty he postpones the examination until the applicant is for a day free from the use of this narcotic stimulant.

Now what does this prove? If a stonecutter inhales the particles of dust from his work, it produces in time a disease peculiar to itself, consumption; the miller who inhales the dust from the flour he manufactures becomes similarly affected. But I might multiply examples without adding to the strength of the testimony.

From the foregoing it would be difficult to surmise by what process of reasoning insurance companies can or do overlook the effects of tobacco upon those who make application for insurance.

It may be said that tobacco causes only sympathetic derangement of the heart, while the stonecutter or miller inflicts upon himself by reason of his occupation an incurable affection; but let us remember that at the commencement of their disease they had as good reason to argue that their trouble was only sympathetic as he who uses tobacco. Diseases are superinduced by long-continued application, and he who uses tobacco is no exception to this rule.

OBITUARY NOTICES.

CARROLL DUNHAM, M.D., late President of the American Institute of Homœopathy, and President of the World's Homœopathic Convention of 1876, died at his residence at Irvington, N. Y., on Sunday morning, February 18th, in the 49th year of his age. The work of preparing for the World's Homœopathic Convention, which mainly devolved on Dr. Dunham as Chairman of the Committee of Arrangements, was exceedingly heavy, and overtasked his strength. Immediately prior to the assembling of the Convention he took a short rest, which seemed to build him up, and enabled him to conduct the business of the six days' session with marked vigor and executive ability; and it was hoped by all who knew and loved him, that the rest which he took immediately after the adjournment of the Convention would completely restore his health and strength. On his return to his home in the latter part of the summer, from a vacation spent among the lakes, he wrote to the Secretary of the Institute, giving joyful expression regarding his restored health and vigor, and asking that work should be given him and without stint. Shortly after this, however, he had an attack of diphtheria, which seemed to be but the beginning of the end. The insidious Bright's disease, doubtless caused by overwork of both body and mind in behalf of the cause he loved so well, was slowly but surely draining his strength away, until the end came, as above stated, and he passed from death to life. At the funeral services at his residence at Irvington, held on Tuesday, February 20th, in addition to a large concourse of neighbors and friends, there was assembled nearly the entire profession of New York City and its vicinity, together

with Professors J. P. Dake and J. H. McClelland, representing the Hahnemann Medical College of Philadelphia, and Drs. Bushrod W. James and R. J. McClatchey, representing the Philadelphia County Medical Society.

A *Memorial Meeting* to the memory of the deceased was held at the Hall of the New York Ophthalmic Hospital on Tuesday evening, March 5th, at which appropriate resolutions were adopted and addresses made by Drs. E. M. Kellogg, B. F. Joslin, Henry D. Paine, Henry M. Smith, T. F. Allen, William Tod Helmuth, and R. J. McClatchey, and letters were read from the Secretary of the American Institute and from Drs. B. W. James and Egbert Guernsey. Philadelphia was represented on this solemn occasion by Professor Pemberton Dudley and Drs. M. S. Williamson and McClatchey.

The following *Preamble* and *Resolutions* were adopted by the faculty of the New York Homœopathic Medical College:

At a Special Meeting of the Faculty of the New York Homœopathic Medical College, held February 19th, 1877, the following resolutions were unanimously adopted:

Whereas, It has pleased Almighty God to remove by death our distinguished friend and former colleague, Carroll Dunham, M.D., of Irvington, N. Y., and

Whereas, At a critical period in the history of this College Dr. Dunham served for several years as its Dean, and by his wise counsels and able management of its affairs, as well as by his wide reputation as an instructor in the chair of *Materia Medica*, contributed largely to secure the present honorable standing and prosperity of the Institution,

Resolved, That the officers and faculty of this College unite in their expressions of sorrow for the loss of so valued a personal friend, and of regret that the cause of medical science and medical education in general has lost one of its ablest advocates and helpers, whose contributions to our medical literature and whose skill as a medical adviser had already obtained a high reputation at home and abroad.

Resolved, That we offer our heartfelt sympathies to his afflicted family for their irreparable loss in the death of him who, in all the relations of life, ever proved himself the noble gentleman, the true and tender husband, and the kind and faithful father.

Resolved, That college exercises be suspended on the day of the funeral in order that the faculty may attend in a body.

Resolved, That a copy of these resolutions be sent to the family of our deceased friend, and to the principal public journals of this city for publication.

F. S. BRADFORD, M.D.,

Secretary of Faculty.

J. W. DOWLING, M.D.,

Dean of Faculty.

We learn with great pleasure that the writings of Dr. Dunham, published and unpublished, will shortly be given to the profession, together with a sketch of his life, character and labors. His papers will be published entire, unaltered and without comment, under the supervision of

his devoted and talented wife. These will form a valuable collection, and will be gladly welcomed.

ON Friday, February 16th, 1877, WILLIAM FULLER GUERNSEY, M.D. The lamented death of Dr. William F. Guernsey occurred at his home in Frankford, after a few days' sickness, from *enteritis*. On the Sunday morning preceding his decease, though feeling very unwell, he went out as usual to make his round of visits and saw several patients. He then returned to the home which he was not to leave again in life. The day following he spent on his sofa prescribing for such patients as came to his office. On Tuesday morning, grave symptoms having set in, counsel was sent for and all help that lay within the power of man was tendered him. Beyond temporary alleviation from his severe and excruciating sufferings, however, all effort was in vain, and at an early hour on Friday morning he breathed his last. The cause of his death arose from excessive nervous exhaustion induced by the great labors attendant upon his professional cares. Like a true physician dying literally "in the harness," he passed away a happy and consistent Christian, prescribing as he thought for the sufferings of others.

Beloved by all who knew him, trusted implicitly by all with whom he had dealings, enjoying the highest confidence of the many patients in his very large and extensive practice, his departure has created a vacancy in his sphere of duties which cannot be filled, a gap that cannot be closed for years to come. Never was he brighter in intellect, purer in loyalty to his profession, nor more powerful in influence than when the grave closed upon his labors, leaving his memory and his career at once an incentive and an example for his brother practitioners.

Dr. Guernsey was born in Rochester, Vermont, in December, 1814. He removed to Philadelphia for the purpose of learning the doctrines of Hahnemann and practicing them. His medical education was completed under his brother, Henry N. Guernsey, M.D., and he graduated at the Homœopathic Medical College of Pennsylvania in 1852. Settling down at once to hard work, he has been a zealous homœopath, faithful in his belief and practice for twenty-seven years.

Thoroughly devoted to the cause of his espousal, and to the end that he might become as perfectly identified as possible with its interests, he became a member of the Philadelphia County Homœopathic Medical Society, the Homœopathic Medical Society of Pennsylvania and the American Institute of Homœopathy.

MEMOIR OF THE LATE J. L. SCOTT, M.D.*

JAMES L. SCOTT, M.D., late a member of the Homœopathic Medical Society of Chester, Delaware and Montgomery County, Pennsylvania, was born in East Fallowfield Township, Chester County, October 1st, 1838, and died at Coatesville, in the same county, on the 15th day of August, 1876, in his thirty-eighth year.

His education was commenced in the common schools, and finished at the Coatesville Academy, under the care and superintendence of Mr. Taylor, in the year 1858; when he commenced the study of homœopathic medicine, under the direction of Dr. D. R. Bardin, then a practitioner at Coatesville, Pa., and matriculated at the Homœopathic Medical College of Pennsylvania at Philadelphia, in October of the same year, and graduated therefrom in March, 1860.

After graduating, he engaged for a time in the practice of his profession at Coatesville, Pa., and afterwards as a surgeon on board of a clipper ship then plying between New York and Liverpool. He then engaged in the general practice of medicine at Hackensack, N. J., at which place he remained several years.

His preceptor, Dr. Bardin, having concluded to retire from the practice of medicine at Coatesville, Dr. Scott left Hackensack, N. J., and engaged again in professional work there, near the place of his nativity.

Here his career as a practitioner was a marked success, as was well attested by his numerous patients, and the sorrowing throng that attended his funeral, manifesting the deepest grief at his loss.

PUBLICATIONS RECEIVED.

OPHTHALMIC THERAPEUTICS.—By Timothy F. Allen, M.D., etc., and George S. Norton, M.D., etc.; Surgeons to the New York Ophthalmic Hospital. "NUDE." *New York and Philadelphia*: Boericke & Tafel, 1876. Pp. 269.

A more valuable contribution than this has not been given to homœopathic literature for a long time. The bookmaking of the homœopathic school has been to an unfortunately large extent in the hands of men who had little to commend them, save an ability to collect the thoughts of others and handsomely plagiarize their experience and perpetuate their errors. But in this undertaking we have the work of two accomplished physicians, who have brought out in a new and special department, for it was comparatively new even a few years ago, most excellent results, and have given them to the world in such plain, practical, and satisfactory shape as to be useful to all who consult them. And it is not the hurried work of inexperienced hands either, but the well-considered plan elaborately carried out. These things are made plain in the preface to the volume, wherein the authors say:

* The above brief memoir of the late Dr. Scott was read before the Chester, Delaware and Montgomery County Society, by Dr. James B. Wood, of West Chester, Pa.

"Material for this work has been accumulating for many years, especially since the adoption of the homœopathic method by the New York Ophthalmic Hospital.

"When we first took our chairs in that institution, there were few indications for remedies associated with definite lesions of the eye; our cases were diagnosticated, and then carefully examined at all points for indications of the remedy, and from time to time groups of remedies have become associated with definite lesions, and characteristic local indications recognized.

"These local indications seem at times to be purely clinical or empirical, but they have always, or nearly always, been discovered while co-existing with positive and pure symptoms of the remedy, but they so often occur independently of the latter that they frequently assume a relatively greater importance."

The work is divided into two parts. *Part First* comprises the *Materia Medica* section, so to speak, and gives the therapeutic indications of one hundred and thirty-six medicines, from Aconite to Zincum, in diseases of the eye and its appendages, arranged chiefly under three heads, viz., *objective*, *subjective* and *clinical*, with the more prominent or more marked symptoms generally printed in italics. Regarding these symptoms the authors make the following statement: "*All the symptomatology given in this work has been verified*"; when no authority is referred to the editors are responsible, except when general reference is made to cases refuted. Some observations may be ill-founded; many, we feel sure, will prove reliable and contribute to the preservation and restoration of sight." This, the most important part of the work is comprised in 142 pages.

Part Second treats of the special therapeutics of the various diseases of the eye and its appendages, arranged chiefly according to the anatomical structures affected. Thus we have the following sections: Orbit, Lachrymal Apparatus, Lids, Conjunctiva, Cornea, Sclera, Iris, Choroid, Optic Nerve and Retina, Lens, Vitreous Humor, Muscles and Nerves, and Refraction and Accommodation. Under these headings the various diseases are treated of so far as remedial and curative measures are concerned. No description of a disease is given, but simply its treatment, local and general, medicinal and hygienic; and for each drug mentioned clear and well-defined indications for its use are given. Now taking these indications together with the statement of the authors regarding the symptomatology given by them, that it has *all been verified*, it is impossible to conceive of anything more thoroughly valuable to the profession; and it is this that makes the whole treatise so valuable. This part comprises 127 pages.

"It is proper to explain that the plan of this work is substantially the same as that projected by Dr. Allen a few years since, and prematurely announced; the material then on hand has been augmented by the observations of Dr. Norton, the whole work written out by him, and revised by us jointly. Incomplete as we know it to be, we feel that its publication should not be longer delayed, and we offer it to the profession for most critical examination."

The work is wanting in a preface, and we trust that in a future edition the authors will give us a Repertory. We are pleased to know that it is meeting with a rapid sale. On sale by the publishers and by all homœopathic pharmacists.

CONDENSED MATERIA MEDICA.—By C. Hering. Compiled with the assistance of Drs. A. Korndoerfer and E. A. Farrington. *New York and Philadelphia*: Boericke & Tafel, 1877, p. 872.

A notice of this *invaluable publication* is crowded out and cannot appear until our March issue. A number of other valuable publications are on our table and will receive notice in due course.

IN MEMORIAM.

CARROLL DUNHAM, M.D.

ON Sunday, February 17th, 1877, as the rays of the morning sun came pouring over the hills of the Hudson, gilding all nature with the brightness of a newborn day, the spirit of Carroll Dunham winged its way from earth to heaven, and he, so full of wisdom and of goodness, went to live forever in the land of all goodness and all knowledge. He is no more for us forever. Never more shall we profit by new words of wisdom falling from his lips or flowing silent from his pen; but dying he has left us a precious example and priceless treasures, a memory to be cherished and works to be pondered and utilized. Wherever homœopathy is known, he was honored and esteemed, and his writings and teachings were regarded as authoritative, and *there* will he be remembered as one of the great ones of the earth.

During the past three years, the writer's correspondence with Dr. Dunham was very extensive, and his letters—*now become a priceless treasure*—are an index to his character and a testimony to his worth. His wisdom and prudence, his knowledge and judgment, his goodness, gentleness and sweetness of temper under sore trial, are abundantly exhibited. So modest, and yet so decided, in expressing his opinion or stating his dissent; so ready to overlook or excuse the faults and shortcomings of others; so quick to take to himself the work that should have been done by others; so loath to shift a burden from his own overlaid shoulders to others; so unwilling to give trouble to any one; the *fortiter in re*, which was strong within him, toned and tempered by a distinguishing *suaviter in modo*, combined with a general goodness, kindness and gentleness, rarely to be seen. These were his shades of character, combining harmoniously to make up the picture of a PERFECT MAN.

"So then, our greatest has departed. That melody of life, which took captive ear and heart, has gone silent; the heavenly force that dwelt here victorious over so much, is here no longer; thus far, not farther, by speech and by act, shall the wise man utter himself forth. *The End!* What solemn meaning lies in that sound, as it peals mournfully through the soul, when a living friend has passed away! All is now closed, irrevocable; the changeful life-picture, growing daily into new coherence, under new touches and hues, has suddenly become completed and unchangeable; there, as it lay, it is dipped, from this moment, in the æther of the Heavens, and shines transfigured, to endure even so forever. Time and Time's Empire; stern, wide devouring, yet not without their grandeur! The work-day man, who was one of us, has put on the garment of Eternity, and become radiant and triumphant; the present is all at once the past; hope is suddenly cut away, and only the backward vistas of Memory remain, shone on by a light that proceeds not from this earthly sun!"

R. J. McC.

THE HAHNEMANNIAN MONTHLY.

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Philadelphia, March, 1877.

No. 8.

AMORPHOUS PHOSPHORUS.

(P_2O . "SCHRÖTTER.")

ARRANGED BY H. NOAH MARTIN, M.D.

(Read before the Homœopathic Medical Society of the State of Pennsylvania.)

THIS substance is anomalous in character, as its name indicates, and is produced by subjecting the ordinary Phosphor. to intense heat. At from 446° to 482° F., Phosphor. loses its waxy appearance, and assumes an earthy reddish-brown appearance, is inodorous, and not affected by exposure to light or air. If subjected to heat exceeding 482° , it melts; and if subjected to a still higher temperature, it is reconverted to ordinary phosphorus.

HISTORY OF THE PROVINGS.

In the winter of 1870, Dr. B. B. Gumpert called my attention to amorphous phosphorus, a substance which he had prepared, and which he desired proved.

He furnished me with some of the crude substance and with some of the 1st, 2d and 3d dec. triturations.

Dr. J. W. Kirk, now of Bristol, Pa., but at that time a medical student in his first session of study, agreed to prove it for me during his vacation and make it the subject of his thesis, which he did, without knowing what the substance was. The symptoms obtained by him are marked K.

In January of 1871, he was prepared to write his thesis, having continued his proving until the preceding month, when I directed him to Dr. Gumpert for further information. Dr. Gumpert kindly furnished him with a proving made by

himself, which in a remarkable manner confirmed many of the symptoms obtained by Dr. Kirk. These symptoms are marked G.

During the last session of the college course (the Hahnemann of Philadelphia), Dr. Hand, an allopathic graduate, and a seeker after homœopathic light (phosphoric), without being informed of the substance taken, commenced a proving on the 25th of December, 1875, and ended it on the 25th of January following. His symptoms are marked H.

I have used it frequently in the place of ordinary Phos., when it (Phos.) seemed to be indicated, and I have found it an active medicine. I have also, I think, confirmed clinically several of the symptoms here recorded, but prefer not to give them prominence at this time.

H. N. M.

SYMBOLS USED.

The * signifies that the symptom has been verified by *cures*.
The ° signifies that the symptom has a clinical origin.

Italics indicate the symptom as important or of constant appearance in the provings.

MIND.

Could not study nor keep his mind on any particular subject long at a time. K.

Must move about, not satisfied in any particular place. K.

*Disinclination to study; K., or converse. G.

Mental application caused headache. Did not like to be alone. K.

°Desire to be alone. K.

°Could not look any one in the face. Gloomy, out of humor and much inclined to faultfinding. G.

Anxiety; oppressed, as if I had heard unpleasant news. G.

Dull and oppressed; ill-natured. G.

Imagines he has hydrothorax. G.

Frightened feeling, as though I was about to be run over by a locomotive. H.

Inability to think. H.

An indescribable feeling of fright. H.

Felt nervous as if I were going to die. H.

Nervous symptoms worse in afternoon and evening. H.

HEAD.

Heat in the head, with dulness; better by moving about. K.

*Headache in the frontal region, with heat in the head on wakening, with disinclination to arise or move about. K.

Feeling of lightness in the head. K.

Headache increased in the afternoon. K.

5. Stupid feeling in the head. K.

Headache on right side from mental application. K.

Very heavy dull feeling in the head after eating. K.

°Headache, with feeling of lassitude; slight headache and vertigo. G.

At 10 A.M., neuralgic pain from left temporal to occipital region. H.

10. Dull pain in occiput, with fever and flushed face. H.

Pain in back of head and left side of head, lasting from 3 to 6 P.M. H.

VERTIGO.

Dizziness, with a feeling of lightness in the head following it, increased in the afternoon. K.

*Vertigo, with slight headache. G.

FACE.

Natural in color, with rapid pulse and oppression of breathing. K.

15. Flushing of face during fever. H.

NOSE.

Bloody mucus from the nose. G.

EARS.

Ringings in the ears. H.

Roaring in right ear. H.

SIGHT.

Cloudiness or dimness of vision. H.

THROAT.

20. Pain in right side at breakfast; relieved after swallowing a few times. K.
Soreness, right side, after breakfast until 11 A.M. K.
Continually hawking and clearing the throat; worse from singing. K.
Broken voice when attempting to sing high. K.
Dryness in the throat. G.

MOUTH.

25. Tender and dry. G.
Dryness in the mouth. G.

STOMACH.

- Thirst for large quantities of water at rather long intervals. K.
No appetite for breakfast, dinner, or supper. K.
Belching large quantities of wind. K.
30. Sensation as if little lumps rolled up the œsophagus to the throat; relieved by swallowing; then returning again with slight nausea. K.
While eating supper great thirst. K.
Stomach feels empty, without appetite. G.
Nothing tastes right. G.
Better after supper. G.
35. Nausea from 1 P.M. until retiring at 11 P.M. H.
Belching of large quantities of wind tasting like rotten eggs. H.
Nausea from 1 to 5 P.M. H.
Appetite impaired and irregular. H.

ABDOMEN AND STOOLS.

- Loose discharges from the bowels, dark-colored, with pain before and after stool.* K.
40. Three liquid stools, dark and offensive, with pain before and after stools, and also between times; worse in the afternoon. K.
Emission of fetid flatulence in the afternoon and evening. K.
Liquid stools, accompanied by urging and very sick feeling. K.
Pain in the hypogastric region. K.

Rumbling in the abdomen. K.

45. For two or three weeks alternately constipated and loose.
K.

Constipated stools difficult to expel, apparently from inactivity of the rectum. K.

Sensation as if diarrhoea would come on. K.

Constipation; dry and sluggish stool. G.

Awoke with pain in the bowels and diarrhoea, at 4 A.M. G.

50. Had four very loose watery stools from 4 to 6 o'clock
A.M. G.

Rumbling in the bowels, but slow stool. G.

Awoke at 5 A.M., with loose and watery stool, and belching of gas like rotten eggs; no pain, and no control of sphincter ani; no appetite for breakfast. H.

Two loose stools at 6 A.M. H.

A great deal of offensive wind, with several loose stools.
H.

HYPOCHONDRIA.

55. Soreness on pressure, on both sides, under the short ribs.
K.

A stitching pain on the right side, under the false ribs, when riding horseback. K.

Pain in right side, with occasional stitches. G.

GENITAL ORGANS.

*Seminal emissions nearly every other night. K.

Strong desire for coition, with feeble erections. K.

60. Dribbling of fluid from the urethra (not urine) during stool, and after urinating. Also from friction against his clothes, and while talking to a young lady. K.

°Seminal emissions without erections. G.

Frequent and painful erections, which awoke me several times. G.

Slight burning in the urethra while urinating. G.

Sexual desire increased. H.

URINE.

65. Passed a large quantity of urine at 10 P.M.; pulse 70. G.
Passed water frequently during the morning, notwithstanding I had four watery stools after midnight. G.
Passed a large quantity of water in A.M. G.
Urine turbid and high-colored. H.

RESPIRATORY ORGANS.

- Expectoration of thick, light-colored lumps of phlegm in small quantity. K.
70. Pain in lower part of the chest when drawing a long breath. K.
- Slight oppression of the chest.* K.
- Breathing rather hurried. K.
- Towards 6 P.M. very weak feeling in the chest, slight pains in different parts of the chest, and disagreeable cough, lasting until after retiring. K.
- Cough preceded by tickling in the throat. K.
75. Short cough coming at regular intervals. K.
- Two or three single coughs come together. K.
- Cough, with draggy feeling in lower part of the chest. K.
- Cough, with sensation as if something was tearing loose in the chest. K.
- Cough without expectoration.* K.
80. Cough worse from exercise and from going into the house from out of doors. K.
- Cough worse from warmth. K.
- Feeling of constriction in the chest, with painful, difficult breathing, in the morning. K.
- Chest symptoms are worse on the left side. K.
- Tightness about the chest as if the air was forcibly kept out. G.
85. Cannot fill my lungs as full as usual. G. (Worse on left side.)
- At 5 P.M. feeling of fulness about chest. G.
- At 3½ P.M. pain from left nipple to right nipple, from right nipple to right shoulder, thence down to little finger on right side. H.
- Pain half an inch below nipple, shooting like electricity, lasting three-fourths of an hour. H.

NECK.

Soreness in nape of the neck; right side worse when pressed upon. Came on at 9 A.M. Pain worse when twisting the head to the left, not to the right, side. K.

UPPER EXTREMITIES.

90. Glandular swellings under the arms. K.
 Itching eruption on the anterior surface of the arms.
 K.
 On the anterior and posterior borders of the axillary space the skin was chapped, rough and scaly. Appeared first on the right and then on the left side. K.
 Vesicular eruption, more on the right than on the left hand; also between the fingers of both hands; crusty and cracked. K.
 At 3 P.M. the pain in the knees gone, and now feel some of it in the left arm above the elbow. G.
 Shooting like an electric pain down the right arm into the little finger. H.

LOWER EXTREMITIES.

95. Legs feel heavy and weary. K.
 Eruption on the thighs and legs. K.
 Numbness of the left leg while lying on the left side; relieved by lying on the back or right side. K.
Troublesome itching of both legs. G.
 Slight pain, like rheumatism, in both knees in the morning. G.
 100. Painful feeling in left instep. G.

SLEEP.

- Very sleepy until 11 A.M. K.
 Very sleepy in the evening; could hardly keep his eyes open. K.
 Restless night; was a long time getting asleep. G.
 Very drowsy, and retired at 11½ P.M., but was long in getting asleep. G.
 105. Awoke at 7 A.M. feeling unrefreshed. G.
 Very sleepy; retired at 11 P.M.; slept well; arose at 7 A.M. Had painful erections twice during the night, without dreams. G.
 Hideous dreams. H.
 Sleepy and stupid, hard to keep awake. H.

DREAMS.

- Lascivious dreams with emissions. K.
 110. Hideous dreams. H.

FEVER.

Pulse short and quick. K.

Skin of the whole body very hot, alternating with chilly sensations in the night, then profuse perspiration during sleep. K.

Chills at 1 P.M., lasting till 5 P.M. H.

(This symptom came three days in succession.)

Chills accompanied with ringing in the ears, most in the right. H.

115. Nausea from 1 to 5 P.M.; then dull pain in occiput, followed by fever and flushed face and thirst, until 9 P.M.; also passing great quantities of loud wind from bowels. H.

SKIN.

Itching, scabby, cracked and scaly eruption on different parts of the body; the arms and hands most affected. K.

Raw bleeding surface under the scabs. K.

Irresistible desire to scratch, which temporarily relieved; continued scratching caused a raw, smarting, burning sore feeling. K.

Vesicular eruption, with thin transparent fluid, afterwards milky. K.

120. Eruption on the right hand, extends along the anterior surface of the ulnar side of the hand; on the left it extended over the metacarpal bone of the thumb. K.
Unnatural accumulation of dandruff. K.

GENERALITIES.

Soreness of the body all over.

Increased heat of the whole body.

Glandular swelling in right axilla; increased to the size of a turkey's egg; hard and painful in the afternoon and during the night, less towards morning; in about a week suppurated, and discharged a quantity of thin, bloody pus; pain was of a stitching and dull character; discharge became offensive before healing. K.

125. Glandular swelling the size of a hazelnut in the left axilla; suppurated and discharged. K.

Two glandular swellings in left axilla rapidly increased in size for one week and then gradually disappeared; very hard, red and painful; worse in the afternoon, evening, and forepart of the night. Slight pressure did not increase the pain, but hard pressure made them very painful. From these, running down the inner surface of the left arm to the wrist, small lumps about the size of a pea split in half; at irregular intervals worse from pressure or rubbing quickly. The symptoms first manifest themselves upon the alimentary tract, afterwards upon the respiratory organs, and then upon the skin. Itching eruption upon the anterior surface of the arms, from the bends of the elbow down nearly to the wrist. Stitches in different parts, passing off soon. G.

AGGRAVATION.

130. In the morning after sleeping.
Headache and dizziness worse in the afternoon.
Diarrhœa worse in the morning and afternoon.
Feels generally worse in the afternoon.
Walking and exercise caused much fatigue.
135. Fever and chilliness in the night.
Great sleepiness in the evening.
Itching of the skin worse when thinking of it and from continued rubbing and scratching.
Cough worse when getting warm, but he feels sensitive to cold air.
Symptoms of the throat worse when singing.
140. *Chest symptom worse on left side.
Felt worse generally in a warm room, a peculiar disagreeable feeling.
From onanism and seminal emissions.
Tightness of chest is worse when lying on the left side.

AMELIORATION.

- Throat, from swallowing.
145. Head, from moving about.
General symptoms better in the open air.

APPLIED MATERIA MEDICA.

BY A. P. BOWIE, UNIONTOWN, PA.

(Read before the Homœopathic Medical Society of the State of Pennsylvania.)

THE verification of the symptoms of the *Materia Medica* seems to me to be the most important work of the homœopathic physician, and I offer the following groups of symptoms that I have verified.

Myrica cerifera cured the following group :

Very despondent.

Dull heavy headache, worse in the morning ; yellowness of sclerotica, with redness of eyelids.

Tongue coated dirty yellowish (like mud smeared on).

Taste bitter ; breath offensive.

No appetite ; skin yellow.

Dark-colored urine (like ale).

Feels very weak and drowsy, with much muscular soreness and aching, worse in lower limbs.

The above-named remedy in 1 gr. doses of 1st dec. trituration produced improvement in twenty-four hours, and in a short time cured the whole group.

This remedy should always be thought of in cases of jaundice.

Lycopodium, 30 and 500.

In a case of pneumonia complicated with jaundice where the fanlike motion of the *alæ nasi* was a marked symptom.

Lyc. 30th followed by the 500th potency cured the case.

Manganum 30th cured following group :

External ear painful to touch.

Pain in right ear from teeth (teeth sound).

Burning of ears as if standing near a stove ; pain worse in morning and in open air ; ear is so sore she can't lie on that side.

Manganum 30, one powder in a teaspoonful water, dose, one teaspoonful every two hours, quickly removed the pain, but then a new symptom was complained of. The menses, which ceased a week before the remedy was taken, returned while taking *Manganum*. The remedy was discontinued when the menstrual flow ceased. Had always been very regular in menstruating.

Kali carbonicum 30 cured the following symptoms :

Swelling of stomach and abdomen.

Stomach feels as if it would burst.

Stomach sore externally to pressure.

Stitches in stomach, abdomen and back. This condition had lasted several days. Kali carb. removed all the symptoms in forty-eight hours.

Aloe socotrina 30:

Has to go to stool immediately after eating; after stool feels as if more feces would pass.

Stool falls out of anus without sensation or exertion.

Involuntary stool, with passage of flatus. Examination with finger per anum revealed deficient contraction of sphincter, with much mucus in rectum. Aloes 30th cured all the symptoms.

Berberis vulgaris, 3d trituration, cured

A cutting pain in left side of the region of the bladder, extending into urethra, coming from left kidney along the course of the ureter.

Tearing pain in region of both kidneys soon after rising in morning.

Lower part of back feels stiff when stooping. Pale-yellow urine with mudlike sediment.

Bubbling sensation in region of kidneys.

Pain from the region of kidneys extending to the groin. 5 gr. dose of 3d trituration every two hours soon relieved the excruciating pain, and the whole group was cured in a short time.

RIGID OS UTERI AND ANTEVERSION OF THE WOMB DURING PARTURITION.

BY CLARENCE M. CONANT, M.D., MIDDLETOWN, N. Y.

EVERY department of knowledge is crowded with facts, each pregnant with yet undeveloped truth. This proposition has already become trite, and yet we cannot forbear its application to the science and art of healing, for in no branch of study and observation is its verity more apparent. Seventy-five, or fifty years ago even, it was difficult to master all the information then extant necessary to a skilful physician and surgeon. But that achievement was not impossible. To-day finds the field wider, data prodigiously, gloriously multiplied, to the great relief of human suffering; but the minds of men

are no more receptive or retentive. The inevitable result is that conscientious and ambitious physicians, rather than waste life in practicing the smattering that they can acquire of the whole, become specialists, where it is possible, and circumscribe their labors to a comparatively small part of the vast arena of medical learning.

And yet so much truth is rapidly being elucidated, that even within these relatively narrow limits important points are neglected and lost from view. To what we esteem one of these in the department of obstetrics, we wish to draw attention.

The young accoucheur, encountering probably with some dismay his first case of rigid os uteri, perhaps complicated by anteversion of the womb, will glean but little from homœopathic literature to aid him; and although he may find more frequent allusions, yet he will gain less help from allopathic authorities, since true homœopathic midwifery demands that every conservative device that hygiene and materia medica can suggest be given thorough and judicious trial, before a hand be raised to operative procedure.

These complications will be more frequently met in women of spare habit and nervous temperament; in those who have stood and walked too much during the last fortnight of pregnancy; in patients subject to pelvic congestions, constipation, hæmorrhoids, and scanty menses; and we believe will rarely be found with multiparæ, unless uterine deviation existed prior to the pregnancy. When it is noticed that the uterus lies unnaturally low during the last two weeks of gestation, with great soreness and distress in the pubic articulation, vesical irritation, pains in the limbs, etc., the recumbent position (with short respites for meals and the calls of nature) should be strictly enjoined, and the symptoms removed as rapidly as possible by means of the similitum. Nor can any drug or group of drugs be mentioned here as more generally indicated, a remark of the celebrated Dr. Watson being in this place especially applicable: "Each case requires its special study, speaks its proper language, *furnishes its peculiar indications*, and reads its own lessons." The italics are our own. No pregnant woman should wear any tight band or girt, especially about the waist, as much mischief is done and suffering caused by corsets, skirts, etc., being drawn too closely over and above the womb. The above are conditions favorable to the production of rigid os and uterine deviation during parturition, but these complications them-

selves will comparatively rarely obtain until the labor is actually in progress.

When summoned to attend a woman in childbed, and the first vaginal examination seems to show the head presenting and resting upon the pubes, the os tincæ widely dilated, and the second stage about to begin, it is well to exercise a conservative suspicion, and make careful and deliberate exploration of the parts, until perfectly master of the facts of the case. This examination should be made with all the gentleness and consideration, both physical and mental, of which the physician is capable; otherwise he may precipitate or aggravate the conditions he wishes to avert or overcome. It must be borne in mind that the parts, both internal and external, are already overdrawn (so to speak) to an intense nervous strain in preparation for their approaching task, and that the mind of the patient is often childishly unnerved with long anticipation and hope deferred; that both mind and body are worn and irritable by reason of nine months of weary travel. It may seem that we lay undue stress upon this point. But when it is considered that the unyielding os is a spasm of its circular fibres, whose exciting cause is irritation, the importance of the utmost steadiness and gentleness, both of deportment and procedure, cannot be overestimated.

If the finger cannot discover the edges of the gaping os, but only apparently encounters the rounding surface of the membranes, the os uteri should be sought posteriorly. It will usually be found (in this case) far back, jammed against the rectum, whose folds often hang over and hide the orifice. Should the uterine delta not be found, the supposed membranes should be carefully interrogated to find, if possible, the coronal, sagittal or lambdoid suture, which discovered, the diagnosis is evidently made out correctly. Failing to trace these seams, the presenting surface should again be carefully noticed; if rather thick and leathery, with an irregular feel and fine hard lines traversing its surface, it may be assumed to be the anterior uterine parietes. And if this supposition be correct, it will be found still further that during a pain the womb fibres may be felt to tighten and become tense and hard; whereas, if it be the membranes which we feel projecting into the vagina, we shall note that they are smooth and polished (so to speak), quite thin and elastic, and during a pain will become tense and very bulging, and will not seem to grow very thin, as do the uterine parietes under the same

circumstances. If the os tincæ be made out, it should be observed whether it yields and dilates with each pain or no.

If we find the womb leaning forward and the os dilating, careful comparison of the symptoms and history of the case with our *Materia Medica* will lead to the exhibition of a remedy from among such as (1) *Bell.*, *Calc. c.*, *Nux v.*, *Puls.*, *Sep.*; (2) *Kali c.*, *Podoph.*, *Rhus tox.*

Belladonna.—Pains come and go suddenly, and are drawing, from the small of the back downward. Spasmodic contractions of the cervix uteri. Face scarlet red and eyes injected. Throbbing headache. Great sensitiveness to light and noise; a person sitting down upon or knocking against the bed brings on a pain, and aggravates all the symptoms.

Calcarea carb.—After heavy lifting. Aching in the vagina. Stinging in the os uteri. Soles of the feet burning hot. Scrofulous women who catch cold easily, sweat profusely about the head, and have milklike leucorrhœa.

Nux vom.—Fainting as each pain comes on. Pressing pain in the small of the back as if broken. Drawing pain in the thighs. Excessive urinary and rectal tenesmus. Women accustomed to high and sedentary life.

Pulsat.—Pains cause palpitation, fainting and suffocation; she *must* have the doors and windows wide open and plenty of air. The uterus seems inactive. Chilliness and pale face. Mild, tearful women.

Sepia.—Shuddering with the pains; can bear them better when warmly covered. Shooting pains in the neck of the womb. Indurated os uteri. Dyspnœa.

Kali carb.—The pains begin in the back, and pass off down the buttocks or glutei muscles. Sharp cutting pains in the lumbar region arresting the uterine contractions. Pain in the back as if pressed in from both sides. Starts when touched.

Podoph.—Soreness in the back. Prolapsus ani and hæmorrhoids. Urinary tenesmus. Heat and pain in the left ovary and thigh. Swelling of the labia. Amelioration when lying on the stomach.

Rhus tox.—After strains. Pain in the small of the back relieved by lying upon it. Rheumatic diathesis. Feels better while moving about.

We usually exhibit one of these drugs or some other (as these although the more frequently indicated remedies by no means close the list) in water, a dose between each pain,

until the womb resumes its proper position or we are satisfied another drug is required. We prefer high potencies, using *Bell.*, *Cale.*, *Kali*, *Nux*, *Podoph.* and *Rhus*²⁶⁰ or ^m, *Puls.*^{cm}, and *Sep.*^{10m}. And we will remark, in passing, that if candid accoucheurs, who have never used *Arnica* *high* in the lying-in chamber, will give it a fair and judicious trial in the ^{10m}, ^{45m}, or ^{cm} potency, they will rarely if ever again prescribe a low potency of that drug for internal use.

The parts return (to continue our subject) to their normal state, the labor at once becomes of the most common and easy variety, and is soon at an end. But if we find associated with the anteverted womb a rigid os, the case is quite different. Here we shall have to call to our aid the utmost patience. Any attempt to *force* the undilated os to open and yield its treasure, is as unscientific and foolish as it is brutal and unwarranted.

After considerable experience with the agents named, we must unreservedly condemn the use of chloroform, emetics, dilators, etc. Chloroform is an odor never to be let loose in the lying-in chamber, save when operative procedure is the last resort and the patient cannot endure it without an anæsthetic, since it predisposes the mother to hæmorrhage, post-partum uterine deviation, skin diseases (especially nettlerash and erysipelas), and a slow recovery; to nearly all of which, we will add, *Lilium tigr.* is the antidote. Chloroform also often injures the child, producing asphyxia neonatorum, the hæmorrhagic diathesis and skin troubles. Emetics are worse than useless, very rarely relaxing the os, and often giving rise to most distressing and uncontrollable vomiting, weakening the patient, thus causing fainting and hæmorrhage, and often arresting the pains and delaying the progress of the labor. All mechanical interference we regard as contraindicated until homœopathic remedies have been given full trial, as we said above, unless it be that significant symptoms supervene, calling for prompt delivery, which it has never been our misfortune to witness *while the similimum was being exhibited*. In rigid os and anteverted uterus, then, our attention will first be directed to the following remedies, and any other which may be indicated.

(1) *Acon.*, *Bell.*, *Gelsem.*; (2) *Cauloph.*, *Cimicif.*, *Con.*, *Lob. inflat.*

Aconitum.—The os uteri is felt to be dry, hard, undilatable and very tender. Plethoric women who are very restless and

much distressed with each pain. Pulse full and quick; thirst and coated tongue.

Belladonna.—Almost a specific for rigid os, which is hot, dry, hard, tender and undilatable; also spasmodic contractions of the cervix uteri. Pains come and go suddenly. Throbbing headache, with great sensibility to light and noise. Face scarlet red and eyes injected. Delirium. Convulsions.

Gelsemium.—Rigid os uteri. With each pain cutting in the abdomen from before backward and upward, rendering it useless. Face deep mahogany red. Apoplectiform convulsions.

Caulophyllum.—Rigid os uteri. Drawing in the uterine ligaments. Profuse secretion of mucus from the vagina. Nausea and spasmodic pains in the stomach.

Cimicifuga.—Very powerful spasmodic, intermittent pains, which do no good because the os is so rigid. Spasms of the broad ligaments. Rheumatic and neuralgic diathesis. As in a number of instances we have found a rigid os uteri after this drug has been used to cause easy labors, we believe it may be found useful to relieve that condition.

Conium.—Rigid os. Pains spasmodic. Vertigo, particularly on turning in bed. History or presence of scirrhusities in the uterus or breast.

Lobelia inflata.—Rigid os uteri and perineum. Fear of death. Dyspnoea. Asthmatics and consumptives.

The inexperienced must be warned from anticipating rapid results from any remedies as a rule, although rarely exceptions will be met. And great patience, courage and coolness must attend us, for usually from six to twelve hours must elapse before the obstinate organ will relax its rigidity, and occasionally even a longer time will be required. Meanwhile, usually frequent and vigorous pains will be present, the character and position of which will do much to point out the remedy. It is our custom to give the chosen drug in water, a teaspoonful every fifteen or twenty minutes. *Acon.*, *Bell.*, *Cimicif.* and *Con.* we prefer decidedly ^m or higher, whereas with *Gelsem.*, *Cauloph.* and *Lob.*, we must confess a preference for the 30th, although after more experience we expect to use these drugs also *high*. We will note in passing that the promiscuous use of *Cimicifuga low* to produce easy labors we think sometimes a cause of rigid os uteri in labor, and of much mischief in general. The best prophylactics for difficult labors are rigid hygienic measures, and *Bell.*, *Puls.* and

Sepia, especially *Puls.*, given high, as it will invariably right any abnormal position of the fetus, should such exist.

To return then: the physician's sagacity will frequently be taxed to the utmost to calm the anxiety of both patient and friends. But if no more serious complications exist, if the pulse, respiration and strength be fairly good, the pains in the least endurable and the hæmorrhage insignificant, the prognosis is always favorable. And these factors will almost always be in our favor if the patient is closely watched and untoward symptoms promptly recognized and checked (as they usually can be) by the proper drug, given high enough to touch the exalted sensibilities of the parturient woman. The rigid os will sooner or later give way, the delivery take place, and, other things being equal, all do well.

Meantime the patient should be encouraged by being told that the existing condition is not unusual or dangerous. She should lie upon the back, the head only slightly elevated, as quietly as possible. She should be allowed cold water to drink, or weak *black* tea, if preferred, with scanty allowance of sugar and milk. No wine or spirits should be used, as they excite the circulation and tend to provoke headache, nervous erethism, convulsions and hæmorrhage; and some forms of stimuli (brandy especially) increase the vigor and frequency of the pains. Odorous toilet articles, such as cologne, toilet powders, etc., must be strictly forbidden. If dry heat of the hands or face, or headache, demands the use of something, the parts may be bathed with alcohol and water or a little bay rum. The sufferer should be allowed plenty of fresh air, and at this stage usually a sheet or single blanket is ample covering. All confusion and unnecessary conversation should be rigorously suppressed. Such talk as is unavoidable should be carried on in a quiet, distinct undertone, and as little secrecy from the patient should be practiced as is consistent with the circumstances.

THUJA IN HEADACHE.

BY DR. H. GOULLON, JR. TRANSLATED BY S. LILIENTHAL, M.D.

SEPTEMBER 28TH, 1876, a gentleman called at my office, whose wife suffered from intense headache. The pains are so severe that she screams constantly, and keeps the whole house awake. She nearly loses her consciousness and is unable to speak. Aggravation of the pains and vomiting when rising

up. Rest and horizontal position bring some relief, although the paroxysm is at its height about midnight. Another peculiarity is that the pain prevents the eyes from closing, and thus she had passed already nearly two weeks with hardly any sleep, and the few snatches of sleep failed to refresh her. She felt weak and exhausted, especially as she is also troubled with habitual excessive menstruation, appearing too often and lasting too long. Although only twenty-five years of age, she has already passed through five puerperia. Thus there is a state of anæmia, with its consecutive painful nervous affections.

The present attack of headache began with great debility and lassitude, so that she had to go to bed. During the first week the neuralgia was bearable, but steadily increased during the second week. The forehead, the region of the eyes and ears, felt as if stabbed with knives, or, as she said, as if knives went tearing round in her brain. She also complained of being chilly. "Cover me up," she repeatedly said, as her feet and knees felt cold. After short intervals the pain always increased. There was no thirst, but nausea and vomiting when rising up, and frequent eructations (anæmic gastric catarrh). Palpitations were frequently complained of.

For two weeks she had been treated by two renowned allopathic physicians without the least benefit. Finally my advice was asked. I sent her a single dose of Thuja¹⁰⁰, and that same night she slept quietly, and awoke in the morning without having passed through her midnight paroxysm.

Which symptoms of the case are characteristic of Thuja?

1. The *headache* with the following peculiarities: greatest intensity; paroxysmal appearance, as in neuralgia, or at any rate remissions; appearance after midnight, although Thuja has also headache before and at midnight; aggravation when rising up, amelioration in the horizontal position; coaffection of the eyes; loss of speech, not from paralysis but from the severity of the pains.

2. *Palpitations* have been innumerable observed in affections which Thuja removed.

3. *Gastric symptoms*.

4. *Sleeplessness*. Only Kali carb. has the symptoms of sleeplessness with the same certainty.* (It is remarkable

* We would remind Dr. Goullon not to forget Cimicifuga and Scutellaria as prime remedies in sleeplessness, where the other symptoms correspond.—S. L.

that Kali carb. has also the stitching headache, the hypermenorrhœa, the palpitation, the temporal headache, and the peculiar full pulse, notwithstanding the patient suffers from chlorosis or anæmia.)

5. *Chlorosis*. Rückert and Kunkel cured Chlorosis with Thuja.

6. The *female type* is peculiarly suitable for Thuja.

The totality of the symptoms fully corresponded to Thuja.
—*Hirschel's Klinik*, 3, 1877.

SCIATICA CURED WITH SALICYLIC ACID.

BY DR. H. GOULLON, JR. TRANSLATED BY S. LILIENTHAL, M.D.

A ROBUST old man, of eighty years, formerly had foot-sweats, and since their suppression is more liable to rheumatic pains. His present affection attacks him especially at night. After an hour's sleep the pains force him to leave the bed; he changes to the sofa, but soon he has to leave that again, and thus he passes a sleepless night. The seat of the pain corresponds exactly to the exitus of the left ischiatic nerves, goes from behind forward and downwards to the knees and toes. The pain is drawing, shooting, at the toes burning, or, as the patient expresses himself, "as if the foot were on an anthill," and as if the foot would like to perspire. No fever. He can hardly ascend stairs, so that he has to look for some support, or else he might fall. Rhus (aggravation of pains during rest), and Causticum (burning pains, paretic sensations) failed to give relief, nor did Silicea (foot-sweat) do any better. Finally I gave him the first decimal trituration of Salicylic acid, morning and evening, as much as he could put on the point of a penknife, and after a few doses these nightly exacerbations stopped, and he could walk up and down stairs. It is true that we have no full proving yet, but still experience has proved this drug to be one of our best antirheumatic remedies, worthy to be put side by side with Rhus, Caust., Silicea, Calc., etc.—*Papul Zeitschr. f. Hom.*, Nov. 1876.

A CASE OF CYSTITIS,

WITH THICKENING OF THE WALLS OF THE BLADDER AND SUPPURATION, THOUGHT TO HAVE BEEN PRODUCED BY A
PROLONGED USE OF BUCHU.

BY J. F. COOPER, M.D., ALLEGHANY, PA.

It is hoped that some seeker after fame in the field of *Materia Medica* will heed an opinion here expressed, that a thorough proving of the *Barosma crenata* would make it a most valuable remedy in affections of the bladder and kidneys, with possibly a still wider range.

A very large number of medicinal substances from every part of the globe and of all the kingdoms of nature have occupied attention, and have been the subjects of research for the benefit of the suffering.

While so much of life is given to disease, it is pleasant to reflect that the Giver of all good has placed within our reach and caused to grow up around us the things we need to counteract its effects and relieve its pains.

Though abundantly provided for in this way, man is compelled to seek for and prove the different substances thus provided for his use, in order to make them certainly available in time of need.

Experiment has, from the earliest record of medical history, been the usual mode of testing the fitness of the substances required. An actual proving of a drug in our day is seldom entered upon without its having a history to introduce it, and by which it is recommended. Domestic use and empirical application, from year to year, and oft from age to age, make up the history, and attract the attention, and fix the choice of a substance upon which to bestow labor and research. In his daily round the physician is frequently put into possession of facts as effects of substances empirically used among the sick that lead to a proper proving, and the discovery of the sphere or bounds within which a drug can be made available.

Lately when in the discharge of professional duty, the *Barosma crenata* (or, to use the common term, *Buchu*) was brought to my notice most forcibly by its effect upon a patient who had taken it for more than two months in daily doses. The symptoms produced by it led me to look up its history and empirical use. Its record shows it to have been introduced into European medical practice in the year 1821, and soon after into the practice of this country. A large amount of it is imported yearly and used by the dominant

school of medicine, and also by vendors of secret remedies for genito-urinary diseases.

The English colonists of the Cape of Good Hope, South Africa, learned its use from the Hottentots prior to its being used in Europe. Its production and importation are principally from that locality.

There are several varieties of the plant. The variety named above is identical with that known as the *Diosma crenata*. The terms are both from the Greek. That of *Barosma crenata* from two Greek words meaning heavy odor, and *Diosma crenata* also from two Greek words meaning heavenly odor. An unctuous preparation is made from the foliage of the plant, and used by the Hottentots by rubbing on the surface as a perfume for their bodies. They also make a preparation of it by distillation with wine spirits, which they use in chronic affections of the stomach and bladder.

A rich essential oil is found in the leaves and young branches of the plant in considerable quantity, and doubtless contributes largely to the list of symptoms it is capable of producing. When steeped or infused in warm water, an abundance of mucilage is given off in the same way as from the flaxseed and from the seed of the quince, which is readily dissolved in dilute alcohol.

There has been no regular proving of this drug by our school of medicine, but from clinical observation it would seem to be well worth the labor and pains necessary to make a thorough proving of it. The list of drugs applicable in chronic and subacute affections of the urinary organs is undoubtedly too small, and the provings too imperfect to allow the practitioner to be very successful in the treatment of all classes of cases of that kind.

I was called upon not long since to treat an elderly gentleman of this city, who had, for more than two months, taken a dose of the fluid extract of Buchu just before retiring for the night. The prescription was prepared of Buchu and Paregoric in equal proportions. The Paregoric no doubt prevented the Buchu from having its full effect, or possibly delayed the development of the Buchu symptoms till the organs upon which its symptoms were most markedly seen were overpowered and caused to fail in the performance of their functions.

The patient had for several years been at times troubled with irritability of the bladder, with at such times frequent calls to urinate, but suffered little or no pain, complaining

more of the inconvenience it caused him in his business. These spells were always relievable by a few doses of a homœopathic preparation of *Cantharides* of medium attenuation.

Several months had passed since his last call for the usual remedy. When prescribed for, he was never told what medicine he was taking; but he could always tell very soon after commencing to take a new prescription, whether it was the usual medicine or not.

An old-school medical friend promised him a cure, and the prescription of *Buchu* and *Paregoric* was substituted for the homœopathic preparation. After taking from three to four ounces of the fluid extract of *Buchu*, the bladder became so irritable that the calls to urinate became very frequent and painful. The urethra became tender, and the passing of the urine gave so much pain, especially along the anterior part and in the glans, that for a time it could scarcely be borne; and finally stricture prevented the voluntary passing of urine altogether, except a few drops at a time. When in this condition I was asked to prescribe for him again, but no mention was made of his having taken the *Buchu*. The former prescription of *Cantharides* was sent to him, but before daylight the following morning a message was received, requiring an immediate visit. The vesica was found to be very much distended, with frequent and urgent calls to urinate and violent turns of tenesmus, causing him to be on his feet the greater part of the time, with the passage of but a few drops of urine at a time, accompanied with the most distressing pain along the urethra, particularly near the orifice and in the glans. The external genitals appeared shrunk to an unusual degree. In that condition the catheter would furnish the most speedy relief. On making an effort to use it, only a No. 6 catheter could be passed up for the relief of the bladder. The slightest touch caused blood to flow, and gave pain through the entire length of the urethra as the catheter was slowly and carefully passed up.

A quantity of dark, rather opaque, coffee-colored urine, of strong odor, and beyond what I had supposed the bladder capable of containing, was drawn off, and for the time completely relieved the patient.

As the last of the urine came through the catheter a darkish sedimentous material came away, and sank quickly to the bottom of the fluid in the vessel. This sediment increased in quantity from day to day, and changed in appearance, assuming the appearance of a mucus, and finally looking like a

mixture of mucus and pus with some blood. The renal region was quite tender when pressed upon throughout the last sickness.

During the entire attendance the bowels were constipated, and there seemed to be but little power to control their action. The stools that were passed usually came from the bowels almost unnoticed, and usually while straining to evacuate the bladder, and were frequently found in the drawers in small, roundish lumps, covered with a whitish-gray slime or mucus. Often the first intimation had of a discharge from the bowels was the disagreeable feeling of the slimy lumps or masses against the limbs. The anal sphincter seemed to possess but little tone, and for hours while the vesical tenesmus lasted the lower part of the rectum would remain prolapsed, and an odorless slime or mucus in considerable quantity would ooze from it. In all the examinations made per rectum, none of the natural odor of the usual contents of the bowels was observed during the attendance, except when the balls or slimy masses of *faeces* were broken or examined. The rectum, as far as could be explored, was always at the time of the exploration free from *faeces*. The patient possessed a fair degree of strength, but had little appetite, and there was but little variation in the action of the heart, the pulse running during most of the sickness at from 75 to 80 till the twentieth day of the attendance, when a severe chill set in which lasted for an hour and a half, after which the pulse was accelerated, slender and irregular, and the abdomen tender to the touch and tympanitic.

From this time there was little tenesmus, the appetite gave out entirely, and the thirst for cold drink was intense, almost continuous hiccough, vomiting of a greenish slime, and finally collapse on the twenty-first and twenty-second days.

While the tenesmus lasted it was in paroxysms, and when the bladder was full a paroxysm usually came every few minutes and lasted from three to five minutes, and when severe, much longer; and when severe the face was caused to swell and present a reddish, bloated appearance, the orbital region being almost levelled up, and the eyes nearly closed by the *oedema* of the orbital structures. During the first part of the attendance, when the bladder was emptied the patient rested and suffered but little pain of any kind, and not till considerable urine had accumulated did the tenesmus return. The first three or four days the tenesmus was not renewed for nearly twenty-four hours. But from day to day after that

time the urine had to be drawn oftener, and the tenesmus came on sooner, till it made little difference whether the bladder had much or little urine in it, except that the straining was always most severe when the bladder was full.

When the catheter was first used it passed into the bladder readily, after being carefully and with some difficulty passed up to that point.

Each time that it was used after that it was more difficult to get it to the desired point. The catheter passed into the bladder easily not more than twice, but on being passed up to the neck of the bladder, and continuing to press steadily for a time, the urine would flow away through it, and the patient would for the time be relieved. No manipulation or careful handling could be made to bring the urine through the catheter on the evening of the tenth day. Baths of warm water, warm applications, and injections of warm water were used in vain. A number of homœopathic medicines had been taken by the patient internally without alleviating, in any particular, the symptoms of the case. Up to this time nothing had been said about the taking of Buchu or any other drug.

Dr. Helmuth's recommendation of an infusion of Buchu was thought of, and an effort made to get and try it. Good clean leaves could not be readily gotten, and the fluid extract was obtained and two dessertspoonfuls of it put into an ordinary glass of water, and of this a dessertspoonful was directed to be taken every half hour till urine was passed in sufficient quantity to relieve the bladder. Each spoonful of the preparation taken brought almost immediately a turn of tenesmus more severe than he had been having previous to its administration, but of the same character. At each violent turn of tenesmus a small quantity of urine was forced away, not at any time, however, more than a tablespoonful, and aggregating not much more than a pint in the twenty-four hours.

Relief was necessary for the distended viscus, and tapping, on mature consideration, seeming to be the only available means of relief, and not wishing to have the full responsibility of it myself, Dr. H. Hofman was called in consultation, and after an ineffectual trial of a number of additional instruments it was decided that no alternative was left but to tap, which was successfully done through the rectum by the use of the aspirator. The largest stilet and canula were used in performing the operation the first time, the second size was used each time afterward, except once, when a small-sized tube was introduced above the pubes. The operation was re-

peated every day for four days. The following two days the catheter brought the urine, but without passing within the sphincter. The instrument was carefully passed up to the neck, and a moderate pressure continued for a time caused the urine to flow away. After twice relieving the patient in this way, tapping, as before, had to be resorted to as the only means of relief from intense suffering. This operation was less painful than the using of the catheter, and much more speedy, the patient expressing a preference for the use of the aspirator. Beyond the slight prick felt on passing the stilet no suffering or pain of any kind was felt.

The patient was usually caused to kneel before a chair, resting his elbows upon the seat. When in that position no inconvenience was experienced in passing the instrument into the bladder through the anterior wall of the rectum.

Before withdrawing the canula the patient was placed on his side on the bed, with the knees drawn up toward the abdomen, and caused to remain in that position for a short time, so that the puncture in the walls of the bladder would have an opportunity or time to shrink and close up, so that urine would not be likely to pass into or through the wound.

The quantity of urine passed was from the first quite large, and of a very disagreeable odor, dark in color and loaded at first with a brownish material, and as the case progressed mucus in large quantity, and finally pus in such quantities as to prevent fluid from coming through the instrument.

Four days of the last six the aspirator was used twice per day for relief of intense pain caused by the presence of urine in the bladder. It was used in all twelve times, eleven times through the rectum into the base of the organ and once above the pubes, which was by far the severest operation.

When aspiration was first performed the base and back of the bladder, as far as could be felt through the rectum, was quite solid, and seemed to be fixed, and not movable from a fair amount of pressure, and not at any time very sensitive when pressed; and from its thickness and density it required considerable force to press the stilet through it.

For nearly forty-eight hours before the case terminated no urine was drawn, and but little pain was complained of. The quantity of urine secreted the last few days was so small as at first it was large and very offensive.

Orchitis set in on one side nearly a week before the termination of the case. The whole gland, involving the cord, was inflamed. The part was red, glossy, and exceedingly

tender to the touch. The other side began to enlarge and was also tender to the touch, but had not reached any considerable size when the case terminated.

During the last six days the vesica could be distinctly felt through the abdominal walls, above the pubes, as a hard, rather roundish ball, quite sore under moderately heavy pressure, and a little fuller on the one side than on the other.

From the time the hardness was well defined above the pubes the tenesmus grew less, and during the last two days almost entirely disappeared.

The inflaming and thickening of so much of the walls of the bladder seemed to take away all contractile power, and do away with the tenesmus. The last time that the aspirator was used the bladder could not be made to collapse, and the withdrawal of the urine gave great pain, which lasted till the urinary secretion partly filled the organ.

On looking over the symptoms of the case it will be seen that changes from the usual course and symptoms of such cases are plainly enough seen to indicate that the Buchu taken so long had a marked and controlling influence in it. We will here sum up the leading symptoms, and allow you to judge for yourselves by comparing them with the usual pathological manifestations.

Retention of the urine, irritability, and spasmodic closing of the vesical orifice, thickening of the lining membrane of the urethra, with a great turgescence of its vessels, causing blood to flow quite freely on attempting to use a catheter. The shrunken atrophied condition of the external sexual organs, and an almost entire absence of any erectile tendency (which might in part be due to age, the patient being seventy-six years old), the condition of stricture near the orifice of the urethra, in the membranous portion and at the prostate. The excessive secretion of dark, nearly blood-red urine, with sediment of nearly the same color. Constipation of the bowels. A profuse whitish or whitish-gray mucous secretion from the rectum; a want of tone of the sphincter ani, and prolapsus of the rectum when straining to evacuate the bladder. The passing off at times of small balls, or mucus-covered lumps, unnoticed, while attempting to urinate. The burning pain along the urethra, severest in and near the glans. Orchitis, involving both testicle and cord. Thickening, induration and suppuration of the walls of the bladder. These symptoms and the condition they indicate are doubtless not all the result of the taking of Buchu, but the intensity of the

suffering after taking it a second time, the tenderness of the kidneys, the excessive secretion, its color and odor before supuration set in, the rapid destruction of the substance of the bladder, and the falling off of the secretion toward the last (although seen in other cases) in a degree I have never before seen equalled, taken altogether, in any individual before.

Before the preparation of Buchu was given the urine had become a little clearer, and some of the other symptoms were lighter; but after it was taken all the symptoms were aggravated and powerfully intensified. Could the catheter have been successfully used, instead of giving it, I now have no doubt that the case might have been more successfully treated. But being shut out entirely, the Buchu offered some chance for an escape from a professional dilemma, and though probably in not stronger doses than the first decimal attenuation, was capable of firing anew the structures involved, and so intensifying the symptoms of the case as to make it entirely unmanageable.

My object in laying before you the details of this case is mainly to interest you in this drug, which I feel has played so important a part in it, and which if properly proven may yet be a means for the relief of the suffering that is incident to the class of affections in which we find it so frequently and so blindly given. I might stop here, as I merely thought to give you an essay on Buchu; but as our exercises here, to be really useful in every sense of the word, should be as far as possible practical, I will name the medicines given in the treatment of the case, and give some of the symptoms indicating the use of a few of them.

Cantharides was first given on account of its beneficial influence when the patient was annoyed on former occasions with frequent calls to urinate. The additional symptoms calling for its use at this time: "Painful retention of urine, urging to urinate, violent straining, with the passing of but a few drops of urine at a time."

Cantharides not giving the relief desired, Plumbum was next given, and on referring to your *Materia Medica*, you will find, "Tenesmus of the neck of the bladder, with a burning sensation in the urethra; impotence, and swelling of the testicles."

So much blood coming from the urethra, and soreness from the use of the catheter, Arnica was thought of; "Tenesmus of the neck of the bladder; the bladder feels over-filled;

ineffectual urging;" were symptoms thought to be so nearly similar to these of the patient that it was given.

Ardor urinæ, tenesmus of the bladder, soreness through the hypogastric region, retention of urine, and dysenteric discharges from the bowels, are among my early recollections of Terebinthinæ, and as the patient had been very little benefited by the others, it was given.

"Itching, biting and burning in the urethra; constant ineffectual urging to urinate; retention of urine; the urine emitted in drops; Hæmaturia;" are symptoms produced in the proving of Copaivæ.

Cannabis sativa produces or causes "retention of the urine; simple but violent pain along the entire of the urethra, while the urine is passing; swelling of the prostate."

These are the most important of the medicines given. Several others were used which I will here name, without giving the pathogeneses, as Thuja, Zincum, Merc. cor., Hyos., Ars. hyd. and Verat. The last two named were given in the collapse.

I regret not thinking of Benzoic acid in time to use it, as a fine opportunity was offered for testing its symptomatology.

ADDITIONS TO ALLEN'S MATERIA MEDICA.

BY E. W. BERRIDGE, M.D.

IN compliance with Dr. Allen's request to the profession to point out any errors in his great work, I forward the following instalment. I have compared his *Materia Medica*, so far as published, with Hempel's *Jahr*. The inaccuracy of the latter work is so well known that the existence of any symptom therein not recorded by Allen would prove nothing. In such a case the accuracy of either could only be tested by reference to the original. Hence when both Allen and Hempel have given the same sources for their collection of symptoms, I have not compared the two, but when a different source is given I have done so with the following result.

The following given by Hempel seem *entirely* omitted by Allen:

Chininum hydrocyanicum, *Chininum muriaticum*, *Cubebs*, *Cuprum carb.*, and the compounds of copper called *Orichalcum*, *Æs*, and *Æs camp*, *Ferrum sulph.* and *Filix mas* (all as copied by Hempel from Noack and Trinks).

Also *Eronymus Europæus*, from *Pract. Mittheil.*, 1827; *Ferrum myriticum*, from *Biblioth. de Genre*, 1. (Teste also refers in his *Mat. Med.* to Jahr's collection thereof, and gives new proving of his own); *Ferrum mur.*, from Bœnninghausen's *Verwandtschaft der Arzneien*; *Electricity and Galvanism*, from Caspari, in *Hom. Biblioth.*, II and III.

The following seem partly omitted by Allen :

Aloes, from *Allgem. Hom. Zeitung*, XX; *Ammoniacum*, from *Hom. Gazette*; *Arseniuretted Hydrogen*, from Noack and Trinks; *Arum maculatum*, from *Archives*, XIII, 2; *Baryta muriatica*, from Hering's *Jahr*; *Heracleum*, from Noack and Trink's *Handbuch*; *Asparagus* (see urinary symptoms); *Cantharides* (see Howslip's case, p. 398 of Hempel); *Cascarilla*, from Noack and Trinks; *Chininum sulphuricum*, from Hartmann and Noack (the symptom "objects seen only sideways" I cannot find in Allen); *Croton*, from *Annals*, IV; *Cuprum aceticum, sulphuricum*, and *arsenicum*, from Noack and Trinks; *Daphne Indica*, from *Nordamer. Journ. für Hom. Heilkund.*; *Ferrum met., acet., carb. and iodatum*, from Noack and Trinks; and *Hæmatoxylum* from Noack and Trinks.

It is, of course, possible that some of these omitted symptoms are erroneous, and therefore purposely omitted by Allen; but I have thought it best to call attention to the fact. I also cannot find in Allen the symptoms of *Arsenic* quoted by Blackley from Imbert-Gourbeyre in *British Journal of Homœopathy*, 1876, pp. 508, etc., nor those I published in *Monthly Hom. Review*, 1870, p. 428.

I can find no mention either of the snake-poisons and others given in Higgins's *Ophidians*, and in his paper in vol. ii of *New York Journal of Homœopathy*.

Dr. Allen has also omitted some of my provings and collections of poisonings in the various American journals. I have not time now to look up the references, but I remember that *Fajus*, *Cucumbers* and *Cuprum* were amongst them. When Dr. Allen comes to *Phytolacca*, he will find the daily record of a proving in the first edition of Hale's *New Remedies*, which does not appear in the later ones.

Will Dr. Allen also kindly inform me what is the true botanical name and position of the *Anacardium occidentale* or *Cashew*. Is it allied to the *Semecarpus anacardium* or not?

I trust I need not say that my object in pointing out the above errata is not to criticize ill-naturedly Dr. Allen's gigantic work, but to render it as perfect as possible.

XANTHOXYLUM.

BY J. F. FRANTZ, M.D., WILMINGTON, DEL.

WILMINGTON, DEL., March 13th, 1877.

EDITOR HAHNEMANNIAN MONTHLY: The calling of Miss — at our office last evening for some medicine for a severe cold, recalls to mind the valuable results attained in her case by the administration of one of Hale's new remedies, *Xanthoxylum fraxineum*; and in the hope of interesting some of your readers I refer to our record of her case and report it.

The patient referred to, aged about 20, well developed and healthy-looking, of nervous temperament, called on us the first time early last spring, complaining of suffering with headache constantly more or less, which was greatly aggravated during each menstrual period, at which time she also suffered most agonizing pains in the pelvic region. We diagnosed her case as neuralgic dysmenorrhœa, and commenced the administration of such remedies as are generally recommended by the older authorities, as Bell., Conium, Puls., etc., without effect. So leaving the old standard "polychrests" I made search amongst the *New Remedies* for something to relieve her. Reading over the characteristics of *Xanthox.*, in Hale, I found it prominently recommended by several physicians from clinical experience in cases corresponding in symptoms to mine in hand, "Violent agonizing pains at menstrual period," etc. April 14th, 1876, I prescribed *Xanthox.*^{6z}, every two hours. April 17th, she returned with bright and cheerful countenance, reporting her condition as very much improved, that her head felt much better than it had for a long time. I gave *Sach. lac.* with instructions to call as soon as taken. April 19th, called again, reporting that since her last visit she had attended an evening entertainment, enjoyed all the festivities, retiring at a late hour without experiencing the least inconvenience from headache or vertigo, something she said she never could have done before. It being near her catamenial period I repeated my prescription of *Xanthox.*, and upon her calling the following week, April 24th, and stating that "for the *first time* she had menstruated without suffering," I can assure you she felt pleased. I now prescribed *Sach. lac.* again, three times daily until improvement should cease, giving her also a few powders of *Xanthox.* to take just before her catamenia should appear. She called a few times afterward, each time with favorable report, and her improvement continued

uninterrupted until the present time, as I ascertained upon inquiry from her last evening.

I have used this remedy with similar decided success in several other cases.

I would also mention in this connection that following the advice of Professor O. B. Gause, given to the class in his lectures at the Hahnemann Medical College of Philadelphia, I have used Xanthox. with *prompt results* for after-pains, that troublesome attendant on parturition.

GLAUCOMA.

THE IMPORTANCE OF ITS EARLY RECOGNITION AND PROPER TREATMENT.

BY CHARLES M. THOMAS, M.D.

IF there be one disease of the eye more than another which is deserving of unusual attention at the hands of the general practitioner it is glaucoma, not from the great frequency of this disease, but rather from its comparative rarity as well as from the serious results which follow when not early recognized and properly treated.

Of the diseases which end in blindness this is undoubtedly the most frequently neglected, or perhaps more properly speaking, overlooked. Although most of these cases are conscientiously treated by their medical attendants, still, where such shocking results so invariably follow sooner or later the ordinary medical attention, I believe that malpractice is none too strong a term to apply when the marked results obtained by Von Græfe's iridectomy are borne in mind. The explanation of this neglect lies principally in the want of information among physicians generally regarding the nature and symptoms of the disease, and a consequent inability to form a proper diagnosis. And yet it can hardly be a matter of much surprise if we consider how little is said regarding this trouble in ordinary works on practice and pathology, and what totally erroneous ideas and descriptions some of these works have until the past few years given on the subject.

For instance, a well-known work, bearing the date 1869, and one still used as a text-book in our schools, says: "Glaucoma is a morbidly altered state of the choroid or choroid tunic, causing a sea-green opacity in the fundus of the eye, which appears concave. In some cases the vitreous humor of the eye has been found of a greenish color," etc., etc.

The *sea-green* or *bottle-green* appearance of the pupil seems

to have been held by most authors as the prominent feature in the disease, whereas in point of fact the cases are rare where the pupil can be said to present this color.

It is not my object in this article to go into a detailed consideration of the pathology, symptoms, etc., of this disease, but merely to lay down as clearly and concisely as possible its main distinctive points, hoping thereby to draw the attention of those not familiar with this malady to the importance of a more thorough and systematic examination of the eyes than is usually given these organs.

If more regard were paid by the profession generally to physical investigations, many of the most distressing cases where vision has been simply thrown away might readily be saved.

The term glaucoma is properly applied only to that condition of the eye in which a number of morbid changes take place, all of which tend toward blindness, and are *caused by an increase in the intraocular tension*, as a consequence generally of senile changes in the ball. It is essentially a disease of advanced life, rarely being met with under forty years. Although a number of theories have been advanced as to the cause of this singular phenomenon, no entirely satisfactory explanation has yet been found.

The most characteristic peculiarities of the disease are: *a, more or less rapidly increasing hardness of the globe*, as a direct result of the augmented pressure from within; *b, a decrease in the acuity of vision*, showing itself either very gradually or starting up suddenly, and ending in early blindness; *c, a contraction of the field of vision*, which takes place most frequently on the nasal side.

These three symptoms are invariably found in every case of glaucoma, but beside them there are a number of others which, though less constant, are very distinctive of the disease, and are more or less prominently marked, according to the character of the attack.

Three varieties of glaucoma are ordinarily distinguished: 1, *the acute*; 2, *the subacute or remitting* (both these being of the inflammatory type); and 3, *the simple, non-inflammatory or chronic*.

The acute variety presents, perhaps, the most typical picture of the disease. Very often the earliest symptom noticed is a rapid increase in the presbyopia (old sight); the patient finds himself obliged to increase the strength of his glasses very frequently. Soon he begins to notice about the gas or

lamp-flame the appearance of bright colors like a small rainbow, and at the same time during the day he finds himself bothered by a mistiness before his eyes, which comes and goes; at one time everything seems enveloped in fog, and at others he is able to read fine print with no trouble. He now begins to have off and on a dull aching pain in the eyes or through the head, which gradually increases in severity and frequency, and if at that time the visual field be examined, the sight may already be found suffering at the eccentric portions, and thus impairment will continue to progress from *without inwards*. If the eye be now palpated an unnatural hardness in the globe will be revealed. At this period, or very soon after, the anterior chamber shows a perceptible diminution in depth, the iris becoming sluggish on motion and unusually dilated. These symptoms, which are by some called the prodromata, may run on for many weeks or months, or may in a few days take on a marked inflammatory type. The pain increases and becomes at times almost maddening, accompanied by bright flashes of light, flying sparks, colored halo about lights, etc. The ball is tender to the touch and swims in tears; the conjunctiva bulbi swells and reddens, particularly about the periphery of the cornea; the latter (if there be no remission) soon becoming hazy, dull and insensitive, the aqueous humor cloudy, and pupil widely dilated and insensible to light.

Acuity of vision is very much reduced, and what remains is only available in the centre of the field. This condition may in a short time—a few hours or days—end in a reduction of the vision to a mere perception of large objects, and even this finally drift into complete and hopeless blindness; or after a certain time the inflammatory symptoms may pass off, leaving behind perhaps nothing but a hardened ball and diminished vision, the disease lapsing into the subacute or remitting variety, where after a shorter or longer interval the attack repeats itself with more or less severity, and with each renewal of the inflammatory symptoms the vision is lessened, until finally it is entirely destroyed.

In the simple or chronic variety the disease runs a very protracted course, the loss of sight, hardening of the ball, and impairment of field, going on step by step, and sometimes so slowly and with so little pain or inconvenience that the victim is unaware of his danger until by accident he makes a comparison of his eyes and finds the sight of one side nearly gone.

In making an exact diagnosis, a practiced oculist derives great advantage from the appearance presented by the ophthalmoscope, the cupped optic papilla and pulsating retinal vessels leaving not the slightest doubt as to the nature of the trouble; and even without its assistance, it is hardly conceivable how such a one should overlook so well-marked a disease. But the physician in general practice we cannot expect to be an expert with the ophthalmoscope, and the majority would make pretence to little else than a knowledge of the more common external ophthalmic disorders; and yet they will often persevere in the treatment of this most precarious disorder, either supposing they understand its nature, or not caring to know what it may be so that it presents a sufficient number of symptoms for study, "until the patient discovers that all the successive gettings better of his eye have been delusions, and have at last left him blind or nearly so." An excuse which is apt to be made under such circumstances, "I am not an oculist," does not come with good grace from any one who at first accepted the responsibility which he afterwards endeavors to disclaim.

Glaucoma has been mistaken for a number of troubles, according to the variety of the disease which exists. The simple glaucoma, inasmuch as it has few disturbing symptoms beside the fading sight, is most frequently confounded with either cataract or a so-called amaurosis, and the patient is either advised to rest perfectly quiet until the cataract is ripe, *i. e.*, the blindness is complete, or is assured that he is unfortunate enough to have a disease which nothing can help if medicines fail. The advice of the physician is followed, and in due time the unhappy possessor of the supposed cataract applies confidently to a surgeon for its removal, when he first learns how fatal to him the procrastination has been. In the acute and subacute or remitting varieties, where pain and outward manifestations of inflammation are generally well marked, the case is many times mistaken for neuralgia or some common acute inflammation of the ball, and treated on to absolute blindness. Indeed cases have been reported where the glaucomatous symptoms were so distressing and violent as to mislead the medical attendant into a diagnosis of acute meningitis. Numbers of such patients are simply sacrificed under the best intentions of men perfectly conscientious in the discharge of their duties, but unfortunately lacking in a proper familiarity with the nature of this affection. During the past year no less than five such instances have come under my personal notice, in

two of which I was applied to for an operation on the cataracts so called. One of these had been going blind for three years, and until recently had enjoyed a tolerable degree of sight in one eye but was very careful in carrying out the advice she had received, to wait till both cataracts were ripe, and consequently presented herself to me totally blind, and as a matter of course irremediably so. Dr. C. B. Taylor, of England, in a recent article in the *Medical Times and Gazette*, says: "Of eighty-four cases of inflammatory glaucoma of which I have notes, extending over some years, upwards of sixty had suffered irreparable damage from delay, and in very few of these had there been the least suspicion of the nature of the disease."

Although glaucoma varies so considerably in its symptoms according to the nature of the attack, still I believe fewer mistakes would be made, if only the three main features already given as so constantly found in the disease were generally borne in mind.

The estimation of the tension of the eyeball is of such importance, even outside of glaucoma, as to render it something never to be neglected in any ocular examination. As in general diagnosis elsewhere, so with the eye, palpation of the ball should follow naturally on inspection.

Healthy eyes, under pressure of the finger, offer a certain elasticity which is difficult to describe in words, but which one soon learns to recognize after a little practice. The manner of testing is essentially that used in examining for fluctuation. The patient is directed to look downward and gently close the lids, avoiding any contraction of the orbicularis. The second, third, and fourth fingers of the examiner's hands are rested above the eyebrow, while the points of the index fingers press gently from either side through the lid on the ball, above the upper tarsal cartilage. In this way the first fingers are free for making alternating pressure to obtain the peculiar sense of elastic dimpling found in normal balls, and at the same time the fingers on the brow command the movements of the head sufficiently to avoid interference with the accuracy of the examination.

A loss in the acuity of vision is very readily detected if it be of any considerable amount, but if it affect one eye only it may be overlooked until, in a case of painless glaucoma, the sight of one eye is nearly gone, and the beginning failure in the second first calls the physician's or patient's attention to the whole extent of the trouble. Hence the necessity of test-

ing not only the acuity of distant vision in general, but of each eye separately.

Besides the acuity of direct or central vision, the *condition of the indirect or peripheric sight* should be carefully looked after. This is known as the measurement of the field of vision.

To get a general idea of the shape of the field, the examiner places himself about eighteen inches in front of the patient, who, covering one eye with the hand, is directed to fix the other steadily on the nose of the observer, who now moves a lighted candle or his open hand into different positions in front of the patient, noting how far in every direction from the visual axis the light is distinctly seen. In glaucoma the field is first impaired at the periphery, the narrowing proceeding more or less rapidly towards the centre. The patient sees as though looking through a tube, which as the disease goes on diminishes in calibre, accompanied by a gradual fading in the central vision, until finally all sight is lost.

With reference to the treatment of this terrible disease, I believe I am justified in saying that the only known remedy on which we can rely with safety is the early excision of a portion of the iris (iridectomy), and that before the morbidly increased pressure has continued long enough to bring about irreparable changes in the retinal tissue. When this operation is done at the proper time, the results are most brilliant, the torturing pain and apparently imminent blindness being relieved as if by magic. As a general rule, even in the most acute cases, if the operation be done before entire perception of light is lost, the vision will be restored to the normal standard and a recurrence of the disease be prevented. The violence of the inflammation should never be an excuse for postponing interference, for it is in just these acute cases where the symptoms are so aggravated that the most satisfactory results are obtained; hence the operation should be done as soon as possible after the diagnosis is made, as every hour lessens the chances for recovery of the sight.

In subacute cases the prospects are possibly not so bright, for although the disease will be promptly arrested, the restoration of the sight is often very gradual, and sometimes incomplete. The operation in chronic cases will seldom do more than relieve the pain and preserve whatever vision existed at the time of the operation; this being due to the fact that serious atrophic changes have been going on in the tis-

sues before the disease was detected ; hence the necessity for an early diagnosis.

Although in the present state of our knowledge iridectomy is the remedy *par excellence* in dealing with glaucoma, and if properly applied will yield us almost everything to be wished for, still one would not be justified on that account in neglecting other treatment, either as auxiliary to it, or to be used in those rare examples where the operation from an unknown cause fails to give relief or prevent recurrence. So far as my information goes there has never yet been a reliable report of cure of glaucoma by internal medication, but many remedies have without doubt been found useful in amelioration of symptoms, and possibly in retarding the progress of the malady. A number of drugs receive such credit, and from men too of whom there can be no doubt as to the correctness of their diagnosis.

Besides those which have already been used we have in our pharmacopœia numerous agents which, though as yet untried, bid fair, judging by their symptoms, to become useful in combating this disorder. In making a prescription for this, as for any trouble, the *tout ensemble* of symptoms is to be considered, irrespective of those pointing particularly to the eyes.

Of the remedies which promise most in this affection, the following are prominent as exhibiting a marked similarity between their eye symptoms and those of the disease : Aurum met., Arsen., Arn., Bell., Bry., Cocc., Colocynth, Con., Croc. tig., Gels., Ham. v., Kreasot., Macrotin., Merc., Nux v., Opium, Phytol., Phos., Prunus., Rhodo., Ruta, Spigelia, Sulph., Zinc.

QUARTERLY MEETING OF THE CENTRAL NEW YORK HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY H. V. MILLER, M.D., SECRETARY, AND E. B. SQUIER, M.D., ASST. SECRETARY.

THE March meeting of this association was held in Syracuse according to previous notice.

Drs. Doane, Rhodes and Frye were appointed censors. On their favorable report the following applicants were duly elected : Drs. Duell, Eaton, Richards and Nottingham.

The request of Drs. E. B. Holmes and M. H. Brown for dismissal from the Society was unanimously granted.

In answer to an inquiry, Dr. Doane replied that we ought to treat unbelievers as they did in olden time when John

wrote: "They went out from us, but they were not of us; for if they had been of us they would no doubt have continued with us, but they went out that they might be made manifest that they were not all of us."

The Secretary read a paper by Dr. Spooner giving the results of his experience in the treatment of surgical cases with homœopathic remedies.

The following is a synopsis of Dr. Squier's paper:

He gave a description of the manner in which the hypermetropic eye differed from an emmetropic or normal eye, and also spoke of the different theories which had been advanced from time to time to explain the act of accommodation. He considered the different forms of hypermetropia, their diagnosis and treatment.

The asthenopic symptoms arising from hypermetropia he had successfully treated with *Ruta grav.*, *Natrum mur.*, *Spig.*, *Agaricus mus.* Had used these in high potencies always.

DISCUSSION.

Dr. Miller had treated several cases of asthenopia. He found *Ruta* and *Natrum mur.* often indicated in such cases, and he was greatly pleased with the speedy relief produced by these remedies. But in several cases of hypermetropia he was not able to accomplish much with any remedies. Such cases were promptly relieved by wearing appropriate glasses.

Dr. Frye and other members had used *Agaricus* successfully in many cases of muscular twitchings of the eyelids. With this remedy Dr. Frye had cured a case of muscular twitching in the eyelids and in various parts of the body. This case was of twenty years' standing.

(This symptom of *Agaricus* is pathogenetic. M.)

Dr. Adams reported a case of such spasms in the eyelids cured by *Apis*²⁰⁰.

(*Apis* gives twitching of the right eyelid. M.)

Dr. Squier had with *Agaricus* cured many such cases. Thus far he believed this remedy had never failed him. When *Agaricus* failed in such cases he should rely upon electricity.

Dr. Squier's paper was accepted with thanks, and referred to the Committee on Publication.

Dr. Boyce read a carefully prepared paper on "The Physiology of Spasms." He reviewed the various causes of spasms, and especially those occurring in epilepsy. He stated that

they originate in the motor cells of the various ganglionic centres located in the brain, medulla oblongata and spinal cord.

Dr. Frye remarked that one could not prescribe for spasm as a symptom, for spasms might arise from any one of a hundred different causes. He reported a remarkable case of hysteria.

Dr. Frye was invited to prepare a paper on hysteria for the next meeting.

Dr. Boyce's paper was accepted with thanks, and the Doctor was requested to *continue* his investigations of nervous diseases.

Dr. Garrison reported on phantom tumors (!) in the Chicago Homœopathic College. In one case of spasms caused by a tumor on the calf of the leg, ether was given as an anæsthetic preparatory to its excision, when it was found that there was no longer any tumor to excise. It had disappeared during the etherization. It was a hard tumor.

Discussion on Arsenicum and Veratrum.

Dr. Benson read the following report of a case :

REPORT OF A CASE OF ACUTE GASTRITIS.

BY P. OSCAR C. BENSON, M.D., SKANEATELES, N. Y.

The subject under consideration to-day, Arsenicum and Veratrum, reminds the writer of a little experience he had about two years ago with Arsenicum alb. in the treatment of acute gastritis, a disease acknowledged by nearly all medical writers to be quite uncommon, unless produced by an active poison, and probably few diseases are more troublesome to our allopathic brethren. This case again demonstrates the fact acknowledged by all true homœopaths, that there are cases where the higher attenuations are preferable to the lower.

Mrs. T., a lady past middle age, and accustomed to good living, on the morning of January 25th, 1875, experienced a mild chill, probably resulting from exposure, which was followed by general inflammatory symptoms, with slight pain in the stomach of a burning character, a little soreness, and an inclination to nausea. Dr. Schussler's substitute for Aconite, Ferrum phosphorium¹², was prescribed, a dose every two hours. In the evening the inflammatory symptoms were in a measure relieved, but the pain and soreness in the stomach had increased, the latter symptom very marked on pressure and from movement. Bryonia³ was substituted for the Ferrum phos. The following morning the inflammatory symptoms in an ag-

gravated manner had returned. The nausea had increased to retching and at times vomiting of a transparent watery mucus, burning soreness in stomach decidedly marked, thirst for cold drinks, aggravation of symptoms after drinking, no desire for food. Not having had sufficient experience with Ferrum phos. to feel like trusting that remedy to combat the inflammatory symptoms, Aconite³ and Arsenicum³ were prescribed, in attenuation, a dose every hour. In the evening slight modification of general inflammatory symptoms with an increase of the other symptoms; Aconite³ omitted and Arsenicum³ continued, a dose every hour. Was called to patient a little after midnight. Great increase of gastric symptoms, intense thirst for cold drinks. "So thirsty," when not retching or vomiting, almost the only cry. Tongue beginning to be dry and coated with a thin dark-colored deposit, respiration inclined to be hurried, great restlessness, and an anxious expression, pulse frequent, yet small and decidedly intermittent. The aggravation after taking fluids was so marked that the patient objected to take the medicine in water in even teaspoonful doses, two-teaspoonful doses having at first been administered; to obviate this, small powders of sugar saturated with the same remedy were given and repeated every half hour, because of severity of symptoms. No immediate aggravation was produced after taking the powders, but the patient soon objected to them because of the sweet taste. The same remedy was administered by putting a few drops of the dilution in a drachm vial and permitting her to touch her tongue to it, repeating as before. About four o'clock A.M., Arsenicum alb.³⁰ was substituted for the third dilution which had been given up to this time, and continued till nearly noon with no improvement of patient, but on the contrary she was decidedly worse. Her condition at this time being such that we felt anxious as to the result, Cuprum met.⁶ was now substituted for the Arsenicum³⁰, and continued till four o'clock P.M. with no better result. Two or three doses of Veratrum alb.³ were then given; no improvement at six o'clock. Returned again to Arsenicum³. Called before midnight and gave Arsenicum³⁰ another trial. In the morning decided to send for Drs. Robinson and Boyce for counsel. Returned again to the Arsenicum³ and continued it till the arrival of Drs. Robinson and Boyce about noon. Upon consultation it was agreed that Arsenicum was the remedy for the existing condition, and it was decided to give it a trial in the 200th attenuation. Upon returning to my office I found that I had

none of the 200th, but had the 500th. We then agreed to give this. One dose was administered in part of a teaspoonful of water about one o'clock. No aggravation followed as before after taking the fluid. Within fifteen minutes the patient gave evidence that she was better, with less thirst, distress, nausea, etc. Another dose was administered in about an hour and a half. Farther improvement followed till nearly six o'clock P.M. In the meantime she took a little iced milk, which was almost the only nourishment she had taken during her sickness. At this time a slight aggravation of symptoms occurred, and another dose was administered. The following night was passed quite comfortably; she had some sleep, and partook several times of iced milk. The next morning the most annoying symptom besides the general weakness was the burning sensation in the stomach; this however was slight compared with what it had been. Phosphorus^{2c}, one or two doses a day, was given for four days, then Sulphur^{2c}, two doses for one day. The next morning some burning in the stomach remained, but it was much less than when I first gave the Phosphorus^{2c} five days before. Her whole condition was in every way much improved, but I decided to give another dose of Arsenicum^{5c}; improvement followed. Five days later I repeated the Arsenicum^{5c}, one dose. Two days afterwards she got one dose more of Arsenicum^{5c}, which completed the cure.

Dr. Benson's paper was accepted with thanks.

A rambling discussion following on that great bugbear, the dose question, such controversy being deprecated by Drs. Doane and Hawley.

Dr. Doane said that any physician should possess sense enough to know what dose to administer to his own patients.

He related three remarkable cases of inveterate eczema in a family. The eruption was attended with very annoying and almost incessant itching. As an allopathic physician he had applied all sorts of ointments without success. Finally he visited Dr. Lovejoy and consulted with him about these cases. Dr. Lovejoy prescribed Staphisagria to be given until an aggravation occurred, and then to omit the medicine. He never inquired what was the dilution. After five doses were given to each patient there was a terrible aggravation of the itching. Then from the eruption there exuded a *yellow* fluid running in *streams*. Omitting the medicine, the little patients speedily improved and soon completely recovered. Afterwards no more new sores or pimples appeared in these cases.

Dr. Nash reported several clinical cases cured, some by high dilutions after the low had failed, and others by low dilutions after the high had failed.

Dr. Boyce reported a corresponding experience. He reported a case of bronchitis in his own child. She coughed almost continually, always worse after drowsing, when she would throw up her arms with dyspnoea as if suffocated. She could not lie down. Almost every cough remedy had been given without effect. Finally a dose of *Lachesis*¹² instantly relieved the cough for several hours until the patient awoke again with an aggravation of the cough. An occasional dose wrought a beautiful cure. He reported a case of chronic gastritis in a lady cured by *Arsenicum*. After the gastritis was cured, the patient informed him that the same remedy had also cured her leucorrhœa.

Dr. Doane observed that such brilliant cures were too remarkable to publish to the world! They were almost incredible even with the profession. We cannot explain them. He reported the case of a beautiful young lady who became a wretched and disgusting creature from paraplegia and paralysis of the sphincters of the bladder and rectum. The case was pronounced incurable by many distinguished physicians in New York and elsewhere. Medicine did her no good. Finally the patient was cured by a mesmerist simply making passes down the spine!

Dr. Hawley had not often used *Veratrum*, but he had often used *Arsenicum*. In itching of the skin, after scratching the itching is converted into burning; this is characteristic especially in scaly eruptions. Another indication of this remedy in incipient phthisis and chronic bronchitis is a pain through the upper portion of the right lung, which he learned from Dr. Gregg, of Buffalo. The cough may be dry or loose. In one case of phthisis with tubercular deposit and pain in upper portion of right lung, a single dose of *Arsenicum* 40^m initiated a complete recovery.

Dr. Nash mentioned as characteristic of *Arsenicum*, pains about midnight relieved by the application of external warmth. He instanced a case of sciatica that resisted all treatment until *Arsenicum* was given. But neither the 6th nor 200th availed. The 8000th cured.

Dr. Wells was satisfied that high dilutions of *Arsenicum* were better than low in inveterate cutaneous diseases, either dry or moist. He reported a case that he cured ten years ago with the 40^m. There had never been a return of the com-

plaint. In another case the 30th did no good, but in two or three months Tafel's 40^m completely cured. No return. In these cases the itching was worse at night and from exposure to cold air. After scratching, the itching was followed by burning.

Dr. Brewster: Sulphur also has burning after scratching.

Dr. Hawley: Yes, but this is not so characteristic of Sulphur as of Arsenicum.

Dr. Adams reported a case of acute burning pain in the stomach, with great restlessness and intense thirst, relieved by a swallow of water and by warm external applications. Arsenicum 82^m, one dose, cured.

Dr. Ball: The Arsenicum patient has a burning sensation and desire to be covered; Veratrum has coldness and desire to be uncovered.

Dr. Miller reported a case of chronic lienteria promptly cured by Veratrum in various dilutions. As complications, besides vomiting after taking food or drink, there were menorrhagia and cervicitis. The vomiting and diarrhœa were cured, but neither the menorrhagia nor cervicitis.

He had found Veratrum to prove curative in severe cases of cholera morbus with thirst, vomiting after drinking, watery diarrhœa, cramps in extremities, and cold sweat on the forehead.

Dr. Nash reported a case of typhlitis with stercoraceous vomiting, *nausea caused by the smell of food*, and pain and swelling in region of the ileo-cœcal valve. Colchicum cured. Soon after its administration there was a free discharge of impacted fœces. This peculiar indication of Colchicum given in italics he had often verified.

He mentioned a case of dysentery with this characteristic and other Colchicum symptoms cured by this remedy.

CONTAGIOUS DISEASES.

Dr. Hawley: The cause of splenic fever is said to be the existence of sporules in the circulation. Typhoid fever is supposed to be contagious on account of the sporules contained in the excrements, but the microscope has not yet revealed the existence of such sporules.

Dr. Wells reported thirteen cases of typhoid fever. All the patients had drank water from a well into which a privy drained. The water was very clear and nice to look at.

Dr. Boyce reported similar cases.

Dr. Wells was satisfied that it was unsafe to drink well-water in cities and densely populated places.

Dr. Nash said there was much typhoid fever in Cortland, which was situated on high but level ground. The drainage was defective.

Dr. Hawley reported his experience in scarlatina at the Orphan Asylum. A child came there from Rochester where scarlatina prevailed. Twelve days afterwards the disease appeared in the asylum. There were in all thirty-eight cases. The boy did not have the disease, but he probably brought it in his clothing from the house where he resided in Rochester.

Dr. Jones believed that this disease was communicable by epithelial scales contained in the clothing. In a fatal case of scarlatina, a flannel cloth was used on the throat of the child. This flannel was washed and put in a drawer. Nine years afterwards, in the same family, this cloth was applied to the side of a child on account of a pain in that locality. In a few days this child had scarlatina.

Dr. Hawley reported cases occurring in children after lying on a bed occupied a year previously by a child having scarlatina.

On motion of Dr. Nash, the following resolution was adopted by the Society:

Resolved, That Dr. Minton be requested to republish in book form his *Therapeutics of Uterine Discharges*, the publication of which was not completed in the *Journal of Materia Medica*. Also that Dr. Minton be requested to add a repertory similar to that in Bell's *Diarrhœa*.

Some discussion followed on Middletown Asylum affairs.

Subject for discussion at next meeting, Cholera Infantum.

On motion of Dr. Boyce, Dr. Miller was requested by the Society to prepare some memorial resolutions on the death of Dr. Carroll Dunham.

Dr. Miller reported the following resolutions, which were unanimously adopted:

WHEREAS, The members of this Society have received intelligence of the recent decease of our distinguished co-laborer, Dr. Carroll Dunham, of New York;

Resolved, That we receive this painful announcement with unfeigned regret, realizing the great loss thus sustained by the profession, not only in our own country, but in foreign lands.

Resolved, That, as members of this Society, we keenly realize the extent of this our loss, when we recall how much we are indebted to Dr. Dunham's masterly pen for the advancement of our beneficent system of medicine.

Resolved, That these resolutions be entered upon the minutes of the proceedings of this Society, and that a copy be presented to the bereaved family of the deceased.

Adjourned to June 21st.

ON ALCOHOLISM.*

I DO not know of any subject that is of greater importance to consider, both with reference to diet and medicine, than that of alcohol. You must be well acquainted with the evil effects of drinking in this great city, whether you look in the medical wards and see the patients brought there through it; in the surgical wards, and notice the number of accidents resulting from it; in the prisons, in the workhouses, where some of their wretched occupants owe their downfall from superior stations to it; or in the lunatic asylums, where 12 to 15 per cent. of the inmates have been broken down by it. It is remarkable how little we know of them, when it is considered what an enormous quantity of spirits is consumed. I believe twenty-five millions of gallons at least are made in this country every year. It is still disputed whether it acts as a food or not. A few years ago it was said that it all passed out of the system as alcohol, or as some of its products of decomposition. Some authorities, French chemists, said that it was eliminated by the skin, urine, breath, etc: They used chromate of potash, which is turned green by alcohol, as their test for it. I have read lately of a test in the French papers, where, to detect alcohol in the brain, this was boiled with benzoic chloride, and, if alcohol were present, it was changed into benzoic ether and recognized by its smell.

But the amount of alcohol excreted in this way is so infinitesimal that the remainder must be in the body, and there can be no doubt that it is oxidized; and this supports Liebig's theory that it is a food for the lungs.

If, however, we do not understand its physiological workings, yet we can see the effects of it on the system for all practical and clinical purposes. In the first place, does alcohol appear to be a necessary food? There can be but one answer. There are many nations who do not take it, and some whose religion forbids its use. Is it necessary for us? Well, you know many in this country who do not take any. It is not a necessity, then. It is for this we have to contend, and if I can impress this on you the hour will not be wasted. English people are, however, too often brought up with the

* *The Chemist and Druggist* (London, February 15th, 1877) prints extracts from a clinical lecture on Alcoholism, delivered at Guy's Hospital by Dr. Samuel Wilks, F.R.S., lecturer on medicine at the hospital. We deem these extracts worthy of reproduction entire.—ED. H. M.

idea that it is a necessary article of diet. Patients will take their wine and spirits even when they are doing themselves harm, and, if you object, will ask, "What must they do?" You tell them to do without them; to which they will reply that they must take something. I want you to get it thoroughly out of your minds that there is any *must* in it, and start afresh with the idea of its non-necessity.

Let children always live and grow up without alcohol; in after years, when we pass an artificial life, there may be reasons for taking it; but remember, even then it is not an absolute necessity. Start with this principle; let your patient, even an adult, try to do without it, and then, and if circumstances seem to suggest it, let him have his glass of wine. I do not say that a number of persons can do entirely without any in our present mode of living, but let us regard alcohol in its true light, as a luxury, as we do tea, tobacco, etc. If we do this, we are safe. I cannot recommend you to live entirely by rules and natural laws, and give up all the conventional luxuries of life, for then we should dismiss more than half the dishes from our table. I do not want this to come about, and, for my own part, I like a glass of wine or a cigar as well as other people. There is in to-day's paper an account of some vegetarians who never eat any meat. I do not advise you to follow their example, but it shows you that meat is not essential to life. We might, I have no doubt, live on what Dr. Johnson states Scotchmen and horses do—viz., oats.

What are the effects of a small dose of alcohol? It is said to be a stimulant. If a man be jaded and tired, it gives a sort of temporary support; a little beyond this point, and he is depressed, the stimulant effect lasting only for a time. There is a dilatation of the vessels and warmth of the surface taking place, at the expense, however, of internal heat. In large doses the temperature goes down.

Do these small amounts really stimulate and help one in his work? I ask a sportsman; he says he gets tired, and then has lunch, after which he feels comfortable and jolly, but never shoots another bird. It is the same with billiard players. A violin player in my house was advised to take a glass of wine for his excessive nervousness, but refused, saying, "I know I shall lose all my nervousness, but I shall also lose my touch, and my notes will be blurred, and I shall be the last to find it out, although it will be very apparent to others."

You see, therefore, it does not stimulate or add edge to our

accomplishments; but we might ask, Does it add to our strength or enable us to endure longer? To answer this I will refer to a little book in my hand by the late Dr. Parkes, entitled, *On the Issue of a Spirit Ration during the Ashantee Campaign*.

This book contains the reports of the medical officers on the effects of spirits doled out to the men. The result as given by Dr. Parkes is to the effect that alcohol is not a perfectly reliable aid, and requires, when used at all, to be employed with a full knowledge of its mode of action. The first effect of alcohol when given in a moderate dose (for example, what is equal to one fluid ounce of absolute alcohol), is reviving; but this effect is transient. As shown in the report, the reviving effect goes off after, at the utmost, two and a half miles of additional march, and sometimes much before this; then the previous languor and sense of exhaustion not only return, but are sometimes more intense, and, if alcohol is again resorted to, its effects now are less satisfactory.

The fact is that alcohol, as usually taken, is not a stimulant at all. It is a depressant and narcotic. People are simply under a delusion when they think it otherwise. We ought to change its name, and we should then get a proper notion of its character. I believe this change would tend more than any other single circumstance to make people cautious in its imbibition. It is taken for the same reason as chloral, and as opium in other countries. If you regard it as a narcotic, you will then better understand all the consequences of its use. A man in a drunken brawl overnight gets his teeth knocked out. The next morning he has no recollection how it occurred, or in what manner he could have met with the accident. Cases such as this are constantly being brought into the police courts, and to some people seem almost incredible.

Alcohol, you see, is an anæsthetic. The man we have just mentioned has felt no pain. In smaller doses, as you all know, it benumbs not only the sense of touch, but that of sight and taste. Every man who has drunk much wine feels that he has lost his taste for the time. He does not know whether he is taking good or bad. "Every man at the beginning doth set forth good wine; and, when men have well drunk, then that which is worse." If it were a stimulant, your taste ought to be more refined. It seems to be an utter absurdity to suppose that human nature can crave after a stimulant. For what are people craving? For what is a hard-worked man longing? Not for a stimulant, but for

holiday and repose. It is for repose that every one is seeking. Some miserable people even long for death, "where the weary are at rest." Is not the cry of the lotus-eaters as far-reaching as humanity itself, "There is no joy but calm?" It is contrary to human nature to crave for stimulants. The idea is absurd, and the more one knows human nature and its history the more one wonders how such a name as stimulant could be given to any substance which has had so powerful an influence on the human race as alcohol. It might be known that anything so craved after must be of a soothing, benumbing, or dulling nature. People say they feel better after taking alcohol. Of course they do; one does feel better.

If any of you, whilst working up for your college or hall, get downhearted, and take a glass of wine or spirits, I have no doubt you feel better; but would you go on with your work? or, would you not go to sleep, or take the newspaper and sit over the fire? If a man have a racking pain in his head, a strong glass of brandy and water will often drive it away—a proof of its narcotizing effect on the brain. A man worn out with anxiety and pain, does he want a stimulant to increase these feelings? Is he not making use of a misnomer when he takes a stimulant to drown his sorrows in the bowl? Do not the lower orders, as in an Irish wake, know the benumbing influence on grief? Is it likely they would have recourse to drink in order to increase their susceptibilities? If it were a stimulant it would bring out our faculties, but instead of this it paralyzes our intellect, and then allows all the bad passions to have free play. This is the meaning of *in vino veritas*, just as a madman loses his will and control by his higher faculties becoming paralyzed.

An immense evil has been perpetuated by giving alcohol a wrong name. It is called a restorative and stimulant, but this it is only to a very slight extent, and under special circumstances. Its general effect, and that for which it is almost universally used, is for its benumbing action. I want you to think of it as a depressant, an anæsthetic, and narcotic, rather than as a stimulant, and you will then get an insight into its injurious effects on the human body.

As a medicine, of course, it is a good one. It is excellent as a sedative. After trying opium and chloral without success, alcohol will often give a good result in the severest neuralgia. It lowers the temperature in febrile conditions sometimes two or three degrees. This is especially the case in typhoid fever and pneumonia. A quick pulse and high tem-

perature call for it. There was an old man in this state, last year, in the ward, and I believe his life was saved by the large quantities of brandy that he took. It seems to prevent tissue-change, and large quantities seem to make a person fat. There was one case of it in this hospital, some time ago, of a woman who had suddenly taken to drinking spirits, and became inordinately fat. It is curious that, with all my reluctance to order alcohol unless I clearly see its necessity, I never find any one but myself order spirits of wine as a food in order to promote the growth of fat; but its effects in this respect are very striking. Little children wasting away, such as those who are not suckled, may have cod-liver oil and steel wine given them, and yet still waste; but, if put on alcohol, will often get rapidly fat and well. I have seen several such cases.

What are the effects of alcohol if taken in excess?

Now I am not going into the subject of drunkenness, but may mention that some of the effects are possibly due to the impurities put into the spirit. In Paris there is a terrible liquor called absinthe, and patients are often being brought into the hospitals mad through intoxication from it.

Then, besides ordinary drunkenness, we have dipsomania, a disease for which many want to legislate. The subjects of this are not, for a time, responsible persons. They feel a craving coming on, and sometimes have strength of mind to go at once to a medical man and ask him to take them into his house, or shut them up in a lunatic asylum to restrain them from committing themselves. I once had a clergyman, in a country district, affected with this, under my care, and he had nearly ruined himself. When the fit came on, he used to go to the village ale-house and take glass after glass until he was drunk. Now, knowing when the fit is approaching, he rushes away from his home and takes the train for London. There is no use in talking to that man; he is as well informed as you; he merely asks for assistance.

Then there is chronic alcoholism, bringing about dyspeptic and other symptoms only too well known. I have no hesitation in saying, although I am speaking against the evil effects of alcohol, that a considerable part of my income is derived from the drinking propensities of my patients. Every day some young man comes to me with mottled face, yellow eye, and red tongue, saying the first thing in the morning he is sick, and the vomit sometimes streaked with blood; his bowels are loose, and he does not eat his breakfast. I have then

heard quite enough to inquire how much whisky or sherry he takes at 11 A.M. You may have observed that whisky has taken the place of brandy in the medical dietary. I have failed to discover the reason, so I suppose it is a secret of the distiller's. He, of course, remembers well the ominous hour of eleven, and you then have only one duty to fulfil, *i. e.*, to tell him he is killing himself, and if that be his object he had better continue in his course; if not, he must desist, and you will assist him in his endeavor.

If the practice continue, the liver undergoes cirrhosis, and the kidneys become granular, and in some cases there is a special tendency for the cerebro-spinal system to be affected. Thus, in delirium tremens, long before the attack, a man is foolish and half-witted—what is called a good-natured fool. The brain wastes, and weighs several ounces less than it should. The spinal cord also is attacked, and a paraplegia may result, so that the popular saying is quite true, that some persons get drunk in the head and others in the legs. The effect on the head is very well known; that on the spinal cord does not appear to be so readily recognized.

I saw a friend's wife, some time ago, who was dying from alcoholic poison, and yet he allowed her to have a little just to keep her alive for a few days longer. I stopped it altogether, and she was sitting at her dinner-table a fortnight afterwards. Why not stop it all? The patient is saturated with the poison, and therefore the sooner he is free of its deleterious influence the better. I have been in practice a great many years, and I have never seen, nor have I heard, although making inquiries, of any harm resulting from the sudden and complete withdrawal of alcohol. What do surgeons of prisons tell us, who have a dissipated class of people put on bread and water? or the medical officers of workhouses, who put the tramps on "skilly?" They say they never see delirium tremens. It used to be said that delirium tremens and other evil effects follow the sudden withdrawal of alcohol; but I have never met with such a case, nor do I know anybody who has. If it be said that the patient will not eat, nor take anything else but stimulants, let him go without eating. One of the worst cases of apparently hopeless drunkenness I ever saw was in a fellow-student. He was in bed, drinking brandy and champagne. He knew my voice, but could not see me—was what is termed blind drunk. I would not have anything to do with him until the wife promised to have all wine and spirits taken out of the house. This was done.

By and by he asked for some, but could not get any given him; then he tried to get up, and tumbled out of bed on the floor, where he was very sick. He then went to sleep, and, on waking, wanted something to drink, and a little beef tea was given. The following day or so he took some meat, and was soon driving about in his brougham, seeing his patients. That man would have died had he been left in the hands of his friends. As to medicines, I am very fond of the medicine I prescribed in this case—Nitric acid, Capsicum, and Nuxvomica. The latter seems to give tone to the stomach, and the patient also seems roused by it. I believe it is a favorite constituent of the draughts they style “pick-me-ups,” sold in the chemists’ shops at the West End of the town.

The time has now expired, but one might go on for a week lecturing on the effects of alcohol. In conclusion, let me address you, as members of our noble profession, to endeavor to use all your influence to put a stop to this growing evil, this horrible curse of drink. More solemnly still I am bound to add, with this example before us, do not for self-interest be blindly guided by your patients’ wishes, and especially by women who have arrived at the change of life, and order them stimulants or allow them to continue in the excessive use of what you find them already taking. You must clearly see they are following an artificial system, which must soon have its end. I have, unfortunately, seen too many instances of this disastrous method of treatment. We witness the commencement of a plan which is thought to be only a temporary measure, but which soon becomes a habit, and the end can be as clearly foretold in two or three years’ time as any other natural event. Be always careful how you order the so-called stimulants.

INTERMITTENT FEVER.*

IN the October number (1876) of the *Hahnemannian Monthly*, page 135, I find the following in an otherwise (to me) acceptable paper from the pen of Dr. E. C. Price of Baltimore.

“He,” Dr. Ring, “said that his partner, Dr. Davis, made the assertion that in malarious districts, where the patient

* This communication should have appeared in the November number of this journal, but was unfortunately overlooked.—EDITOR.

was constantly inhaling the miasm, it was useless to give potentized remedies.

"Drs. Davis and Ring used the extract" (of *Eupatorium perf.* in intermittents).

In the *U. S. Medical Investigator*, October 15th, 1875, page 322, to which attention is directed in the more recent paper, Dr. Price says that after the conversation with me in which he obtained the information, "forthwith I slid down the scale like a sailor down a rope."

The idea conveyed is that the practice of Dr. Davis and myself, in the treatment of intermittents in and around Natchez, Miss., was to administer homœopathically selected remedies, not potentized or attenuated, but in crude preparations, including extracts; that we had found by experience that the potencies or attenuations were useless, and the preparations at the bottom of the scale useful and reliable; and that Dr. Davis had stated his experience as to potencies in the form of a broad assertion.

The conversation alluded to was in 1865, and was a brief one. I do not remember what we talked about, much less the language I employed. I cannot, nevertheless, accept Dr. Price's statement of what I told him without important correction. He must have deferred writing it down until memory was somewhat at fault, and some erroneous inferences had got, unconsciously, intermixed.

It is not true that Dr. Davis made the assertion ascribed to him; and I could not have said that he so asserted. I probably said, unguardedly, what Dr. Price understood to be an assertion, "that in malarious districts, where the patient was constantly inhaling the miasm, it was useless to give potentized remedies." In the *Medical Investigator*, Dr. Price is not sure, it would seem, whether I made the assertion, or whether I told him that Dr. Davis did. But, not remembering what I did say, I have no desire to explain away the "assertion," which, somewhat differently expressed, and in a restricted sense, may be chargeable to me. I knew in 1865, as well as I know now, that there are malarial districts in which my own experience has convinced me that potentized or attenuated remedies are very often—I cannot say always—completely efficacious in the treatment of intermittent fever. I could not have forgotten my earlier experience in Ohio. I talked with Dr. Price, it appears, about the practice in and around Natchez, Miss.

The rest is inference merely. "Forthwith I slid down the

scale like a sailor down a rope." "Drs. Davis and Ring used the extract."

We never used the extract of Eupat. perf., nor any other extract; nor did we use crude preparations of remedies, homeopathic, in the treatment of intermittents; and I certainly could not have said that we did. The statement in the *Medical Investigator* is as complete as possible; Dr. Price slid down the scale *as soon as* he understood from me that "it was useless to give attenuated remedies."

Rather than appear to wish to detract from the value of the papers I have quoted from, I would, possibly, have suffered Dr. Price's statement to stand without correction, had he not coupled my name too intimately with that of Dr. Davis. I was associated during one year only with Dr. Davis, and that year was the first of my eight years' residence in the Southwest. Seven years of the time were spent in Clairborne County, Miss., my practice extending somewhat into the swamp lands of Louisiana.

I will here state for the information of Dr. Price and the reader, that during my residence in Mississippi, I *included* Quinine, sometimes Chinoidine, in the treatment of a very large proportion of the cases of intermittent fever intrusted to my care. The potencies or attenuations of other remedies were not rejected as useless, but were employed in nearly every case. A more minute statement would involve me in a treatise on the therapeutics of intermittent fever in the Southwest. This being foreign to my present purpose, I beg to refer the reader to the article in the *Medical Investigator*, November 1st, 1876, from the pen of Dr. Morse of Memphis, Tenn.

H. RING.

URBANA, OHIO.

ON THE TREATMENT OF EPILEPSY.

BY DR. C. F. KUNZE.

FOR the last nine years Kunze has treated his epileptic patients with Curare. R. Curare, 0.5; Aqua dest., 5.0; Acid mur., gtt. ij, at intervals of a week or longer to make a subcutaneous injection. There is no particular diet, but beer, wine and other alcoholic drinks are strictly prohibited. In very obstinate cases a pure milk diet seemed to aid the cure. The patients are able, during their entire treatment, to follow their usual occupation. Of thirty-five patients thus treated,

nine were radically cured. Some had already been under many treatments, and Bromide of potash especially had been faithfully tried and failed. Even where there was already a slight degree of dementia, this mental weakness passed off as they improved. It ought to be remarked that patients who have ever had epilepsy must strictly abstain through their whole life from alcoholic beverages and tobacco, as even after a free interval of four years relapses have been known to set in.

Allen, in his *Encyclopædia*, iv, 38, gives us the following symptoms hinting at epilepsy, from Houat's provings: Great despondency, disposition to suicide; irascibility, wicked disposition; frequent attacks of dizziness; congestion of blood to the head, with pulsating, vibrating pains and unconsciousness; certain movements are made unconsciously, and on becoming aware of them, he starts with surprise; convulsions resembling eclampsia; attacks of tetanic stiffness attacking the whole body; *epileptic fits very often occurring at night*; sudden and transient attacks of convulsive movements and shuddering; on waking, weakness and prostration, great difficulty in collecting his ideas; great weakness of mind and body.

We have here in the symptoms the picture of petit as well as of grand mal, and where the other symptoms correspond, we certainly should think of applying this poison. Perhaps higher potencies would act just as well, but if they should fail, we could fall back even on that relatively small dose recommended by Prof. Kunze. S. L.

A CASE OF INVETERATE EPILEPSY.

BY DR. HEYBERGER. TRANSLATED BY S. LILIENTHAL, M.D.

MARIA S., 5 years old, played with other children near a creek which flowed through the village. A mischievous boy pushed her, suddenly and unaware, into the water, which must have been very cold, as it was early in spring. In *consequence of the fright* and the sudden cooling, she got a high fever, which passed off after a few days. Two weeks afterwards twitching of the extremities with trismus set in, lasting from a quarter to half an hour. The paroxysms were at irregular times, at night as well as in daytime, after emotions or from saburra. Anthelmintics and narcotics were faithfully tried, but without benefit. As the paroxysms gradually lessened in frequency, they increased in severity and turned to exquisite epileptic fits. Her physicians hoped that puberty

would bring a change; but menses came at the age of 14, were regular, but the fits returned also as regularly as before, every five or six weeks. Thus two years passed, when finally she was put under homœopathic treatment. She is now a well-developed young woman, normal in all her organic functions, but the features and the eyes have a rather depressed look, which shows itself still more clearly before the appearance of a fit. Considering *the fright the cause of the nervous disorder*, she received 24 powders of *Ignatia*⁴, to take the first 12 powders morning and evening, and then every third day. Coffee, spices, stimulants, pork, cabbage and pastry, especially when prepared with yeast, were strictly prohibited. Years have passed since then, but Maria has never had another fit.—*Hirschel's Klinik*, March, 1877.

NITRITE OF AMYL IN DYSMENORRHŒA.

BY E. M. HALE, M.D.

THE use of Nitrite of amyl in angina pectoris has been attended by the happiest results. It is the promptest and surest palliative we possess, and greatly aids the radical cure by other remedies. This experience has led me to its use in certain forms of dysmenorrhœa which are pathologically analogous to angina.

The pathology of angina, which is generally accepted by nearly all authorities on diseases of the heart, is, that it is essentially a *spasm of the coronary arteries*, those arteries which lie in the substance of the heart. There are certain dysmenorrhœas which I believe to be due to vaso-motor spasm, or *contraction of the uterine arteries*. In this form the flow is *very scanty*, and the pains are *cramplike, spasmodic, agonizing*, appearing in paroxysms, with *vomiting, fainting, vertigo*, and other reflex symptoms.

I have now treated five cases of this character and have not failed to relieve a single case. I had previously given them ineffectually the two other remedies which I value most highly, viz., *Viburnum* and *Caulophyllum*.

The difference between the action of the three medicines may be briefly stated as follows:

Viburnum corresponds to spasm or cramp of the muscles of the uterus, due to direct irritation of their motor and sensory nerve-supply. The pain is therefore very intense, because it is both spasmodic and neuralgic.

Caulophyllum affects only the motor nerves of the uterus, and the pain is purely spasmodic, intermittent and expulsive.

Amyl is essentially a vaso-motor remedy, and while its primary action is to dilate the arterial system of bloodvessels, its secondary action is to cause spasm, and this is felt especially in the arteries of internal organs.

Amyl not only relieves the *pain* of dysmenorrhœa, but it allows the menstrual blood to flow in a normal manner.

In all the cases treated the menses were *scanty*. The action of *Amyl* was to cause them to become natural in quantity and of a bright color.

The method of administering it is generally by inhalation. Fill a one or two-drachm vial with cotton, and drop upon it five, ten or fifteen drops of pure *Amyl*. Instruct the patient to commence as soon as the pain appears, and inhale with deep inspirations eight or ten times from the vial applied to the nose. On the eighth or tenth inspiration the face will flush, the head feel full, and the temples throb, and with these symptoms there is a complete disappearance of the uterine pain. These patients say that the feet and hands become warm after inhaling the *Amyl*. One patient, who could not inhale it from timidity, I ordered five drops of the $\frac{1}{100}$ dilution every ten minutes during the pain and every half hour afterwards. This plan was successful.

CORRESPONDENCE.

DEAR MR. EDITOR: At the September meeting of our State (N. Y.) Central Society there was considerable said concerning the use of Aconite. Being interested in the matter I took part in the discussion, and in the course of my remarks spoke of some of the morbid changes produced in the system by this drug.

There seemed to be a doubt in the minds of some of our members as to the changes, if any, resulting from the remedy in question, and my friend Dr. Boyce, of Auburn, who appeared to sympathize with the idea, asked that I be requested by the Society to present some evidences upon that point at the December meeting. I cheerfully accepted what all regarded as a challenge, and produced the paper as solicited, which article I wrote within the two days following the adjournment of the meeting. Being upon very intimate terms with Dr. H. V. Miller I submitted the article to him, which he

admitted was a complete answer to the challenge of Dr. Boyce. I gave instances of poisoning by Aconite from a number of authors of different schools of medicine, making mention of the pathological changes developed. When I had concluded the reading of my article, my friend Miller, to my surprise, produced a paper which he intended as a reply. If it was an answer or intended as such it was very indelicate to say the least, for it bore upon its face the evidence of violated confidence; for it was a reply to a public paper while that paper was private property. I treated it as a joke at the time, turned all odium from him, and without hesitation gave him, as Secretary of the Society, the paper for publication. Dr. Miller had the paper in his hands for several months, or until the meeting of the State Society, when he handed it to me, with the request that I would read it at the Albany meeting, which I did, when he again produced his paper improved and amended by months of toil. The Society was amused by the proceeding, and I was happy to afford my friend an excuse, as he understood it, to discharge his ponderous artillery. I knew it would do no harm, and being entirely out of range of his mental gun I could have no personal fear. Imagine my surprise when the *Hahnemannian* for February was laid upon my table containing a report of my article, and followed by Dr. Miller's reply. I was, indeed, astonished to see how hungry he was for a victim.

The vanquishing warrior sighed for more subjects to conquer, but was too brave to wage a conflict with an imaginary foe and too humane to destroy his own offspring; but our hero could not desist like Alexander, and being too proud to weep he converted me into a fancied opponent, and in the *Hahnemannian* set his own distorted offspring before him, and without a blush proceeded to the slaughter.

He reported my article in eighteen lines, in which he misrepresented me, or suppressed the facts as I gave them, just six times; he kept the balance of trade on his side all the time, a rule by the way that works far better in commercial transactions than it does in either professional or scientific investigation.

First. He makes me say that symptoms were "of value only in leading to the examination of the pathological condition for which he would prescribe;" there was no such utterance or anything like it in the article he reports. I did say that symptoms were the external indications of internal disorders, and should lead us to seek for the pathological con-

ditions that produced them. I did say in substance that if both the symptoms and the pathological changes they announced corresponded to the action of a certain drug, that the picture of that drug was perfected in the organism by a disease to which that agent was entirely homœopathic. I did insist that if a drug was administered for certain symptoms which did not correspond to the morbid changes of either disease or drug and a cure followed, it could not be credited to the virtue of the drug or the wisdom of the doctor, for the same thing would have happened without either. I did say that if the pathological condition could not be fathomed that the best and all we could do was to meet the symptoms. I denounced the idea of prescribing for either the symptoms or the pathological conditions, and I say now, with no fear of contradiction from any quarter, that if the law of homœopathy is not false, that he who takes into consideration the entire case as I have intimated will be far more serviceable to his fellows than any exclusive symptom hunter can be, and will do far more to place the profession upon the solid foundations of logic and philosophy.

Second. I was made to say that "keynotes were valuable only by leading to the pathological solution of the case." No such thing was ever uttered by me; it would be as absurd to take the so-called keynote of a drug to ascertain the actual condition of a patient as it would be to calculate the changes of the moon by a town clock, or the movements of the planets by a sewing machine. I did say that keynotes were dangerous unless they led to a thorough knowledge of the drug and its ultimate effects upon the physical organism, and I intimated then, and maintain now, that the man who depends for the selection of a remedy upon the "peculiar characteristics" of the drug labors under a delusion, and instead of building the glorious superstructure of medical science upon the firm foundations of truth and reason, he discards all sensible theories for the most fanciful idealism.

Third. I am represented as quoting from Hempel to show the pathological changes produced by Aconite, when I mentioned several other authorities which are suppressed. I consider the statements of Prof. Hempel good, and I have the utmost respect for this man, whose contributions to our science are of such inestimable value, and whose labor has done so much to enrich our literature and place the new school upon a firm footing in the land. And it is not too much to say

that as a teacher and author, he does not stand second to any living champion in the ranks of homœopathy.

Fourth. I am made to say that I am convinced of the utility of Aconite from "thirty years' experience," etc. My article contained no such statement, but that remark was made at another time, and in reference to a different subject, and was put in the report to perfect the imagery, I suppose.

Fifth. I am made to say "that Aconite poisoning produces a perfect picture of typhoid fever." I did not make any such sweeping declaration, but simply in passing I did observe that the same state of things produced by Aconite existed in some forms of typhoid fever, which is true, and the physician who would refuse to prescribe it or any other drug which perfectly coincided with the symptoms of a disease, as well as the morbid conditions known to exist, and by means of which the entire picture was perfected, must, through obstinacy, prejudice or ignorance set aside the law of similars, which we as a school of medicine boast of, and by which our system must stand or fall.

Sixth. I am made to say that Aconite was "one of the principal remedies in typhoid fever." I have only to remark that my article had no more to do with typhoid fever, than did the opinion of my friend Miller with the settlement of the Florida vote, or the newspapers with the size, shape or color of Cronin's nose. Some remarks were made in reference to the organ, but it was all nature's work, except it may have been the artistic painting of that remarkable proboscis.

In conclusion, I refer for the correctness of my statements to the report of the New York State Homœopathic Society, 1877, where my article will be found as it was written, and not as reported. If it should be found entitled "Aconite in Typhoid Fever" pay no attention to that, but read it, for the head is Miller's, but the body is mine. "The voice is Jacob's voice, but the hands are the hands of Esau."

Yours,

W. C. DOANE.

March 31st, 1877.

PUBLICATIONS RECEIVED.

CONDENSED MATERIA MEDICA.—Compiled with the assistance of Drs. A. Korndorfer and E. A. Farrington. New York and Philadelphia: Boericke & Tafel, 1877. Pp. 872.

A work with the name of Dr. Hering on the title-page naturally attracts a very great deal of attention. This veteran practitioner and author has had an experience in the use of medicines, homœopathically, extending to nearly half a century; and starting into this experience with a mind well stored with knowledge, with sound judgment, and with extraordinarily keen powers of observation, his dictum concerning the action and uses of drugs may be accepted as almost a final judgment. In the work before us he has put his seal of approval on the *symptoms* of the drugs he gives us, and they may therefore be taken as guides that will not mislead. "The real object in preparing this work," writes the author, in his preface, "has been to give, in a condensed form, to the student of homœopathy, such absolutely necessary material as would enable him, in a comparatively short time, to gain knowledge of such important leading symptoms and conditions as are *characteristic* of each remedy—knowledge which is imperatively necessary for every-day practice." "Clinical experience only can verify beyond peradventure symptoms obtained through provings; this we are gaining daily, and profiting thereby. Year by year we have been enabled, through such experience, to separate good wheat from among the tares, until we have now garnered a fair percentage of good wheat—and the harvest season is not yet over." "The material for this work has been culled from the manuscript and other material collected for a much larger work on verified and important symptoms, viz., *Guiding Symptoms*, now in process of completion, on which many years of careful research have been bestowed." "Feeling that every care has been bestowed on the text of this work, that it might prove a reliable manual for the use of both student and practitioner, it is now submitted to the profession."

The above extracts from the author's preface fairly indicate his scheme and the manner in which it has been brought out. No arbitrary assignment of symptoms as important or characteristic, but each and every one submitted to the touchstone of clinical verification before being admitted, and hence the value of the work. While it cannot and should not supersede the larger works, such as Allen's magnificent *Encyclopædia*, for instance, it will necessarily be the most valuable work of ready reference extant, and certainly the most reliable. It has some peculiarities of construction which, in our opinion, are valuable features, and which are herewith indicated.

The arrangement of the symptoms by subdivision into forty-eight chapters, with well-marked headings, is certainly an improvement over all the older works on *Materia Medica*, and such subdivision facilitates the search for any given symptom. Many of these chapters correspond with Hahnemann's arrangement, while others are new and differ from any heretofore in use. Again, in each chapter or heading, it will be observed, the sensations and functional symptoms are given first, and are followed by other symptoms pertaining to the part or organ under consideration. In fact, the order *from within outwards* and *from above downwards* has been observed.

The chapters of *modalities*, 35, 38, 39, 45, and *sides of the body*, 42, are undoubtedly of great use; and in order to save repetition and gain space, indices only for each of these have been given, the figure referring, of course, to the chapter number. In this way the practitioner can study the modalities and gain accurate knowledge thereof, with much greater

ease and accuracy than can be done with the older works, where the aggravations and ameliorations are lumped together, leaving much doubt as to *what* is aggravated, and *what* ameliorated at any given time or by any particular circumstance.

Chapter 48 deserves special notice, as it is of great importance. It gives in a condensed form much valuable information, not only regarding antidotal drugs, but also the complementary remedies, as well as, where known, lists of such drugs as "*follow well*" or "*precede well*," the given drug. Such observations, based, as they are, on an experience like that of Dr. Hering, must be of the highest importance, not merely to the student and junior practitioner, but to the older and most experienced as well.

All the drugs treated of in this work have evidently been handled with great care, *cured symptoms* forming the base-work of each super-structure, and some developments have been thereby made which are of importance. Thus, for instance, Acetic acid, a medicine but little known or used, looms up as a remedy for croup of great importance, as shown by symptoms found in chapters 8, 13, 14 and 25, these coming from cured cases; and again, the symptoms occurring during pregnancy as given in chapter 24, show that it has a wider field of action than has been generally supposed.

Some symptoms not the result of provings have been incorporated, such as the *mental symptom* of Baptisia, p. 139, "Body feels scattered," etc., originally observed by Bell, and since then abundantly corroborated by reliable testimony. Where such symptoms have been admitted, it is plain that frequent corroborations of cures have been their passport.

We notice with pleasure that some of the remedies proven by Dr. Jacob Jeanes, of Philadelphia, have been introduced, such as *Dolichos pruriens*, p. 345, and *Lobelia cœrulea*, p. 524. While but few symptoms of these are given, those made use of have been verified scores of times. Among the more recently introduced American remedies, those only of most importance have gained place, such as *Erigeron*, *Eupatorium perfol.* and *purpurea*, *Cactus*, *Lilium tigrinum*, *Trillium pendulum*, *Ustilago*, etc. The names of the remedies commonly in use have been generally preserved, but our *Calcarea carbonica* becomes *Calcarea ostreum*. We fear Dr. Hering will never succeed in bringing about a recognition of the old friend with a new name, except by its ancient title of *Calc. carb.*

By a strange oversight nothing is said in the preface in regard to the use of the colon, semicolon and dash, in the arrangement of the symptoms. The — is intended to stand for the words that precede the ; thus, under *Carbo. an.*, p. 243, chapter 15, "Eating causes: fatigue; — distress and burning in the stomach; — inflation;" is intended to read: Eating causes fatigue, distress and burning in the stomach. inflation.

Dr. Hering undoubtedly feels greatly indebted to his young friends, Drs. Korndorfer and Farrington, for the very valuable assistance rendered him. They are efficient writers in the field of *Materia Medica*, and their efforts are plainly seen in the volume before us. The Doctor pays a graceful and well-merited tribute to his friend, Dr. Raue, in dedicating the work to him. He also acknowledges his indebtedness for the arrangement of the mental symptoms.

Coming from the publishing house of Boericke & Tafel, it is needless to say that the volume is put forth in first-class style so far as paper, printing and binding are concerned; but we solemnly protest against the ungrammatical title on the back of the cover.

The work has a ready sale, and should be in the hands of every homœopathic physician.

On sale by Boericke & Tafel, at their pharmacies, and by all homœopathic pharmacists and booksellers.

AMERICAN INSTITUTE OF HOMŒOPATHY.

THIRTIETH SESSION AND THIRTY-FOURTH ANNIVERSARY.

THE thirtieth session of the American Institute of Homœopathy will be held at the Kent House, Lake Chautauqua, Lake View Station, Atlantic and Great Western Railroad, commencing on Tuesday, June 26th, 1877, and continuing four days. A preliminary session will be held on Monday evening, June 25th.

Liberal terms have been made with the proprietor of the Kent House, and it is expected that arrangements will be made with the railroad companies by which members and others will be carried at about half-fare rates.

A circular will be issued by the General Secretary prior to the meeting, which will give all information that can be conveyed.

Chairmen and members of bureaus and committees are requested to communicate with the General Secretary.

ROBERT J. MCCLATCHEY,

General Secretary,

918 North Tenth Street, Philadelphia, Pa.

A "CERTAIN" CURE FOR RHEUMATISM.

JUDGING from his article in the *Wiener Medizinische Presse*, Dr. Franz Heller is an enthusiast in the administration of Caustic Ammonia in rheumatism. For several years he had been a sufferer from severe muscular rheumatism in the right shoulder; he had taken all the common antirheumatic remedies with but little alleviation, when he began to reason that in rheumatism, as in gout, there may be a uric acid diathesis; he thought that *Liquor Ammoniaë*, on account of its rapid volatilization, would be the remedy most readily absorbed, and the most prompt in action. In almost the same moment in which he took one drop, diluted with water, he felt a complete relief from the pain which had lasted for ten hours; he was now able to move freely the arm which an instant before he could scarcely bear to have touched. The remedy, he claims, has proved a positive cure in all recent cases of muscular rheumatism which have fallen under his observation; he cites numerous cases in which relief, as instantaneous as his own, was experienced.

He also observed its effects in several cases of acute articu-

lar rheumatism, in two of which six drops sufficed to subdue the pain and swelling within a period of twenty-four hours.

In one case of chronic rheumatism of a finger-joint, which had lasted for over half a year, the simple administration of the Ammonia completely dispelled the inflammation and pain in the joint within two days.

He then discusses the mode of action of his remedy. "If we consider an excessive acidity as the cause of the rheumatism, we can scarcely claim in the cases in which one drop will instantaneously relieve the pain in recent rheumatism, that one drop was sufficient to counteract the effects of the excess of uric or (according to Fuller) lactic acid.

"Nothing remains therefore but for us to seek for the source of rheumatism in a morbid nervous activity induced by disturbances of nutrition, and to believe that the Ammonia acts as a nervine directly upon the nerves."

MILK IN THE TREATMENT OF TYPHOID FEVER.

PROFESSOR W. H. THOMPSON, of the Medical Department of the University of New York, in a lecture on the treatment of typhoid, after referring to the use of beef tea, which he thinks is "more often the plague of a sick-room than any other benevolent mischief that can be named," and to that of gruels, which, though better than beef tea, are still a sort of "starvation" diet, proceeds to state what he would substitute for them as follows:

"Far superior to either of these in its nutritive value and in its digestibility is that liquid prepared originally for the alimentary canal before it is old enough to dissolve any solid food, namely, milk. First, as to nutritive value, there is nothing absent from milk which the system needs, while in all our sick-room preparations there are invariably some deficiencies, and generally lacking of what is essential to continued life. The bones waste away remarkably in typhoid fever; what is there in beef tea or gruel for them? The nervous tissue rapidly loses bulk also; where in these articles is there the fat which this more than any other tissue needs, except the utterly indigestible boiled fat of beef tea, which turns into caustic butyric acid in the bowels? But milk has been aptly defined as fluid flesh and bones together; still better may we add, soluble nervous matter, for it is the nervous tissue which grows fastest and most at the age when milk alone is the diet. Now we are met by the objection that milk

is a very indigestible article in fever, and among the laity we often find a positive dread of it, as if it were poison to the sick. I could never understand how physicians will aim by various measures to make milk digestible to infants who have to live on it; while in fever, if it seems to disagree, from a more than infantile weakness of the stomach, they are ready to abandon the only thing in the world that can be relied upon exclusively. If we dilute cow's milk, then add sugar and a little salt, and, lastly, cream, so as to make a child, starving because it cannot digest cow's milk pure, digest it when it is thus rendered more like human milk, why should we not try the same with a starving fever patient, rather than exchange this complete food for our confessedly incomplete and clumsy preparations? I can only say, in answer, that I have never yet met with a typhoid-fever patient who could not take milk, and not only live upon it alone, but also, in a marked and impressive contrast with those cases which are fed on slops, be found at the termination of the disease with muscles and tissues still nourished enough to cause surprise even to the patient's friends. In order to make milk digestible you should remember that the chief difficulty in the way is its casein, and therefore you should aim to reduce its proportion by dilution with one-half or one-third of lime-water. The alkali in lime-water is a great assistant to the digestion of casein, for reasons too long for us here to explain, but, in addition, like salt, lime is both an antiseptic and an excellent agent for allaying irritability of the stomach and bowels. I have had patients take as much as six quarts in the twenty-four hours of milk and lime-water for days together, nor do I object to the mere bulk or amount of liquid which this implies, because I do not think that water is other than a need and a benefit to a fever patient, for it is the safest of all diuretics, and in this form I have never found it increase diarrhœa, but rather the opposite.

"But you have still remaining a means for completing digestion, which experience leads me to rate as one of our best adjuvants in the task before us. The introduction of artificial solvents, such as pepsin and pancreatin, marks undoubtedly a real advance in therapeutics, but in no conditions does the employment of pepsin seem so much indicated as in the indigestion of fever. In fact, I have been surprised with some results from its use which I was not looking for, namely, that it controls the typhoid diarrhœa better than any agent with which I am acquainted."

THE HAHNEMANNIAN MONTHLY.

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No. 9.

THE ACTIONS OF ONE DOSE.

BY WILLIAM SHARP, M.D., F.R.S.

"The deep unalterable feeling that *truth* has a supreme claim over all things else is engraven in man's soul by Him who is the Father of lights."
—JOHN KER, D.D.

INTRODUCTION.

TRUTH generally speaks with a calm and serious voice, sometimes even in a whisper; and whoever would hear its utterances upon any subject must listen with a calm and serious mind.

It is hoped that this, my last essay, will be calmly and seriously written, and that it will also be calmly and seriously read. On difficult subjects it is not sufficient that the writer should think before he writes. It is alike necessary that the reader should think after he has read.

The works of God are always beyond the thoughts of man, so that at every step of our progress in knowledge we can see a part only of his ways. The statement which has been made in former essays, that the actions of small and large doses of drugs on the healthy are in contrary directions claims, therefore, to be true only so far as we can see, and with the admission frankly made that, as all natural laws are limited, there may be and almost certainly are other kinds of action beyond its limits as a law, and also beyond our power of vision. It is to be owned at starting that we shall never find out to perfection the actions of drugs; these, like all God's working, will always extend beyond the boundaries of our observation and thought.

That the action of small doses of drugs is in an opposite direction to that of large doses was first suggested as a general fact or law at the Congress at Leamington in 1873 (Essay XXII). Another thought in connection with this law has since been worked out by experiment, and now puts in a claim to occupy an essay.

THE ACTIONS OF ONE DOSE.—THE SUBJECT YET IN CONFUSION.

The opportunity for investigating this subject, on the plan of studying one thing at a time, has now arrived, and Dr. Drysdale will not be able to reproach me any more by saying that I "have always overlooked it."

No thoughtful student of the history of medicine can be unacquainted with the apparently hopeless uncertainty and perplexity in which the whole question of doses and their actions has always been enwrapt. Doubts and difficulties have darkened the light in all schools so much as almost to discourage further attempts to disentangle the twisted threads. Very lately Dr. Anstie wrote a vigorous article on this subject which ends with these words:

"It is not too much to say that the majority of practitioners, consulting and general, seem to be almost wholly unaware of the important differences of effect which may be produced by extending the range of variations of doses, and especially by so breaking up one large dose into many small ones as to insure its passage into the circulation without exciting inconvenient and unnecessary disturbance. We believe that no greater service could be performed by the colleges, or the great medical societies, than the formation of a committee of competent men for the special investigation of this question of dosage, for it is a subject which is as yet only *in its infancy*, and the best knowledge which exists about it is undoubtedly confined to a very small section of the medical profession."*

At present, however, we are concerned to notice this confusion chiefly in the school of homœopathy, that "very small section of the profession to which the best knowledge of doses is undoubtedly confined."

The contradictory teaching of Hahnemann, particularly on the contrary effects of doses of the same drug, has been referred to in former essays, and is well known. The equally conflicting statements of his earlier disciples are fully detailed

* The Practitioner, for October, 1873, p. 262.

in Dr. Dudgeon's lectures. That the views presented by the writers on homœopathy, up to the present hour, are not more settled or unanimous, may be clearly seen from the medical literature of the current year.

In the homœopathic journals of this year (1876) several papers have appeared on the subject of doses. Among them the following :

An elaborate paper by Dr. Carroll Dunham, in the *Hahnemannian Monthly* for May, 1876, on "Primary and Secondary Symptoms of Drugs as Guides in Determining the Dose."

The conclusion at which this paper arrives is thus expressed :

"If I have shown that there is no basis for a division of drug symptoms into primary and secondary, I have thereby shown the impossibility of a law of dose based on such a division, . . . and I claim to have shown these things."

A paper by Dr. E. M. Hale, in the *North American Journal of Homœopathy* for May, 1876, on "Primary and Secondary Symptoms of Drugs as Guides in Determining the Dose."

The object of this paper, as of a previous one in 1860, is to show that

"For primary symptoms the smallest possible dose is best indicated." . . . "For secondary symptoms appreciable doses are absolutely necessary."

This view is the direct opposite of that taken by Dr. Constantine Hering in 1844 (*N. Archiv*, 21, 3, 166), in which he gives, as a law of dose, lower (or stronger) dilutions for primary symptoms, and higher (or weaker) for secondary effects.

A paper by Dr. T. F. Allen, in the *North American Journal* for the same month, entitled "Primary and Secondary Symptoms of Drugs Defined and Distinguished."

In this paper the propositions maintained are the two following :

"1st. The primary effect of a large dose is opposed to the primary effect of a small dose.

"2d. The same dose will primarily produce opposite effects in different individuals ; in the one less susceptible the action will be primary ; in the one more susceptible the action will be secondary."

An interesting paper by Dr. Conrad Wesselhœft, in the same journal, for August, 1876, on "Primary and Secondary Symptoms of Drugs as Guides in the Selection of Remedies in Practice."

In this paper it is remarked that

"The effects of drugs admit of being expressed by a *curve*,

which varies in direction at every point (a gradual rise to a certain point, and then a gradual decline), and at none of which (points) a line can be drawn sharply defining primary and secondary effects."

And, in opposition to Hahnemann, it is said :

"The antagonistic counter-effect of the system is as apparent in the effects of the first symptoms produced by a drug as in the last."*

It will be seen from these extracts that the subject, up to this time, is in great confusion. The actions of one dose of a drug, and the actions of different doses, are mixed up together in the minds and writings of medical men to such an extent that it is very difficult to induce them to look at these two questions as separate ones. Yet, unless this separation is clearly and distinctly made, it is impossible to have right notions of the answers to each of them.

Let us then, for the moment, forget all that has been said in previous essays about experiments with *different* doses of drugs, and concentrate our attention upon experiments with *single* doses, and try to discover what they teach us. In other words, let us seek an answer to the question, what are the actions of one dose?

We have now in hand the effects of "one and the same dose" of a drug; we have nothing to do with galvanism, heat, light, or any such extraneous forces; we are not now comparing the effects of different doses; the experiments to be referred to are on ourselves, and not on the lower animals; and they are on the healthy, and not on the sick.

Let us try to lay aside preconceived opinions and look at

* In Essay XXI attention was drawn to the *limits* of the therapeutic or curative action of drugs. It is very interesting to me to find this subject handled to some extent in Dr. Wesselhœft's paper. He says :

"By placing the terminal phenomena of a case of disease side by side with the terminal phenomena of poisoning by a drug, according to the law of similars neither can be expected to counteract the other homœopathically.

"To such (fatal) symptoms it is usual to oppose the symptoms of the stage of decline, or even of the agony observable in cases of poisoning, as, for instance, by arsenic. But in such cases the symptoms of the remedy, as well as those of the disease to which it is applied, belong to the stage at which recovery is no longer probable or possible, and experience abundantly proves that the law of similars must fail here.

"What needs to be done henceforth . . . will be to distinguish most carefully and accurately those signs and symptoms under which the organism rallies during a proving or poisoning, and those under which it declines and fails to rally."

the subject as if we had never seen it before; and let us hope to find ourselves, in the end, on the side of truth. It is a great blessing to see clearly and distinctly; clearly, so that the object looked at is not hazy; distinctly, so that the objects which surround it, or are its near neighbors, are not confounded with it.

Experiments with drugs on healthy persons is a clear and distinct undertaking. It has for near neighbors experiments on the sick, and experiments on the lower animals; but these experiments and their results are not to be confounded with the results of experiments on a healthy man.

Experiments with other agents, such as electricity, light, heat, etc., are also near neighbors; but these are not to be allowed to entangle or obscure the results of experiments with drugs. It was, I think, proved more than twenty years ago,* in the most careful and certain manner, that the laws which govern the actions of light, heat, electricity (including galvanism) and magnetism, have no known connection with the laws which govern the action of drugs. To mix them up together is misleading, and to the last degree unscientific. As was remarked at the conclusion of the essay referred to, it is "a proceeding as unphilosophical as if Newton had attempted to make the law of gravitation the basis of chemistry, physiology, and metaphysics, as well as of astronomy."

Experiments with *single doses* of drugs on healthy persons are a distinct branch of this undertaking; and the results of these experiments must be looked at clearly and distinctly by themselves.

The references which have been made to the literature of 1876 are sufficient to show that, up to the present time, there is no agreement among the writers on homœopathy as to the actions of one dose, or of different doses. Is there any hope that an agreement may be come to? The actions of one dose are now occupying our thoughts.

HOW MAY THE SUBJECT BE MADE CLEAR?

Some have asserted that we can never discover a law for the dose. This is to despair when we ought to be full of hope. We have two encouragements to be full of hope—the remembrance, first, that God is not the God of confusion but of

* Essays on Medicine, 10th edition, Essay VI.

order, so that we may be assured that all natural phenomena are governed by laws, which he has imposed upon them by infinite wisdom and power; and, secondly, that we have to study only phenomena, with the conviction ever present in our minds, that we can know little which underlies these phenomena, little of the manner in which they are produced, and nothing of the power which produces them. Encouraged by the remembrance of these truths, how are we to proceed?

BY CAREFUL EXPERIMENTS ON OURSELVES IN HEALTH.

There is no other known method by which light can be thrown upon this obscure subject. Let us hope that a patient pursuit of this method will discover to us some general facts or laws which will command our acceptance.

It may be useful to inquire,

WHAT IS TO BE OBSERVED IN THESE EXPERIMENTS?

The answer may be given in few words:

1. The organs or parts of the body where the actions take place.
2. The kinds of action, whether single or more than one, and in more than one part; if more than one, whether these happen together, or one after the other; and whether in the same or in opposite directions.

1. *The Organs or Parts of the Body where the Actions take place.*

The local action of drugs has been studied in former essays (XVII and XVIII), and need not now detain us long. It is true that this view is directly opposed to that of Hahnemann, whose whole soul was wrapt up, on one side by the "spiritual dynamism," and on the other by the "totality of the symptoms."* Nevertheless organopathy has been adopted by thoughtful physicians, notwithstanding its opposition to Hahnemann, and notwithstanding the condemnation of it by Dr. Richard Hughes, for its "narrowness of view."† It has, indeed, its limits, as every law given to nature has; but these limits are wide enough to include every part of the body, and every known drug.

* Hahnemann's *Organon*, §§ 16, 18, etc.

† *Monthly Homœopathic Review*, Nov. 1876, p. 703, and *Transactions of the Congress at Bristol*, 1876, p. 40.

On this subject Dr. Pope has lately made a startling assertion which calls for a short notice. He has said, "This doctrine of the local action of drugs was first propounded by Hahnemann!" and he gives a reference to the *Organon*, § 129 for proof.* He will forgive me, I hope, if he is told that this cannot be correct for three reasons:

1. It contradicts Hahnemann's well-known and vigorous rejection of pathology; and also his strenuous teaching that every medicinal action is upon the vital force or "spiritual dynamis."

2. It is not the meaning of the paragraph to which Dr. Pope refers. The object of this paragraph is to point out that, as plants and minerals have distinctive botanical and mineralogical characters, so every drug has peculiar medicinal properties, hence one cannot be used as a substitute for another; or, as Dr. Dudgeon translates Hahnemann's note to this paragraph, medicines have no *surrogates*. This is a fact of importance, but it is not organopathy.

3. The fact stated in this paragraph was not "first propounded by Hahnemann;" for he himself says, in a note to the previous paragraph, that the "estimable Haller" had called attention to it before him.

The assertion, therefore, has been unguardedly made.

Not many things damage a man's reputation more than mistaken praise; and not many men have suffered more from this than Samuel Hahnemann. Organopathy, the local action of all drugs, was first suggested as a general fact ten years ago. This is plain from the opposition it has met with from that time until now. Dr. Bayes was one of the first to accept it publicly.†

2. The Kinds of Action.

The *seat* of action is a question of anatomy. This anatomical basis, though not without its difficulties, is a great advantage to organopathy, and gives it the prospect of arriving at truth and certainty.

The *kind* of action is a question of physiology. The successful answer to this question depends upon the progress of physiology itself towards truth, and is, therefore, at present more doubtful. Yet there is sufficient truth and simplicity in much of our physiological knowledge to permit us to make

* The Scientific Basis of Homœopathy, 1876, p. 21.

† Applied Homœopathy. By William Bayes, M.D., 1871.

advances towards a true understanding of the effects produced by drugs, and to encourage us to proceed with further experiments with them.

Let me take this opportunity once more to urge upon the attention of my colleagues, that effects—phenomena—things perceivable by our senses—are the things we are to notice in our experiments, and to think about, but seldom to explain. We have nothing to do with the power by which these effects are brought about; science cannot teach it. In this sense “science explains nothing, but merely shows the connection between one event and another, and enables us intelligently to join them, as falling under the operation of certain laws; but the cause of these laws, *i. e.*, the source of the power which makes them operate, science does not discover.”* Nor does science often show us even the manner in which this power acts.

A dose of a drug may act upon one organ only, and produce but one observable effect. Nothing can be more simple than this. The effect is to be observed with the caution necessary to avoid mistakes, and is to be recorded as an individual fact.

Another dose, either of the same drug or of a different one, may produce more than one effect; and these may be on the same or on different organs. These effects are to be observed with similar caution, and are to be recorded as so many individual facts.

Again, when more effects than one follow, care is to be taken to observe the *time* of their occurrence. They may happen together, or they may happen in succession one after another. These observations of time are also to be registered as individual facts. They are sometimes of great value.

And again, these effects may be in similar directions; or they may be more or less opposed to each other, or in contrary directions.

We cannot learn all the instruction from the proving of a drug in health which it is capable of teaching, unless these obvious requirements are fulfilled; and the record of the proving ought to be written in the same manner as the record of a case of disturbed health from any other cause has been written in all ages since the days of Hippocrates. It is impossible for the dislocation of the symptoms from their rela-

* The Physics and Philosophy of the Senses. By R. S. Wyld, F.R.S.E., 1875, p. 536.

tive positions, and the mingling of all kinds of provings, adopted in Hahnemann's scheme, to be persevered in with advantage.

Some experiments with one dose, in illustration of these remarks, and in the hope of throwing light upon the dark subject of the kind of action of "one and the same" dose, now follow. The drug chosen for this purpose is

OPIUM.

In theory *Opium* has been the favorite football for the lovers of hypothesis to play with in all medical time; and in practice the harm which it has done by its excessive use is beyond what can easily be believed. A few words on these two aspects of *Opium* may preface the experiments.

Theoretically, with Galen *Opium* was a cold medicine in the fourth (or greatest) degree; this, interpreted in modern medical language, meant recently one of the most powerful sedatives, now it is a paralyzer. This hypothesis remained undisputed for fifteen centuries. Then the chemists came and reversed every Galenical notion. *Opium* necessarily became a stimulant. The conflict has been kept up ever since, with the addition of a third party, which has tried to make a compromise by joining the two hypotheses together. At the present hour some are so fond of the stimulus of *Opium* as to prefer it to that of wine or brandy; while Dr. Richard Hughes is so overpowered by its soporific influence that he "doubts the stimulation."

It is hoped that it will be understood that if the words *stimulant* and *sedative* are used in these essays, nothing more is meant by them than the phenomena or effects to which they are applied. In this sense they do not admit of dispute. It is only when they are intended to contain some explanation of the phenomena that the door is opened for controversy.

Let me repeat what I have often said before, for it seems to be "unthinkable" by some of my colleagues, that I have no theory at all. The actions of drugs mean, with me, the effects or phenomena produced when they have been taken by a healthy person. I have neither paralyzing nor stimulating notions, except that I would gladly paralyze explanatory hypotheses and stimulate experiment. "The facts such as they are" are not worth much in the estimation of some

writers; to me they are everything, and fiction nothing. "*Hypothesis non fingo.*"*

Practically: when contemplating the sorrows of this world's life, few subjects are more painful to reflect upon than the harm done to sick people by medicines. It makes one tremble to think of it. Opium has for many ages been one of these instruments of mischief.

"I here give it," says an able and experienced writer of the last century, "as my sincere opinion, after more than thirty years of uninterrupted practice, that *Opium* is a poison by which great numbers are daily destroyed. . . . The true cause of the patient's death is not suspected even by the prescriber himself, who, therefore, persists in this fatal error."

He gives examples of the fatal mischief done by *Opium* in many diseases, and speaking of cases in which it does not kill, but adds greatly to their sufferings, he says of consumptive patients:

"I have seen many poor patients, who could not afford to pay for our sleepy draughts, undergo some violent struggles with the cough for a certain time, till the matter made its way by expectoration; after which, though they continued to cough, yet they spit easily and plentifully. It is true their consumption went on, and they died of it at last, but they died slowly and gradually, with all their senses about them, like one only exhausted. Whereas the people of rank, who must have something prescribed for every particular ailment, and believe that we have a cure for every symptom, grow impatient if the physician does not abate their cough and give them some rest in the night. *Opium*, and nothing but *Opium*, will do this: they take it in many different shapes, and find it of service in making them cough less and sleep more; therefore they continue it, become slaves to it, and must have the dose gradually increased. They moan and struggle under its influence all night, and in the daytime have their heads confused. In their last hours, or rather days, they are struggling for breath, their memory fails, and they are half delirious, and attended with a constant diarrhœa, in spite of the *Opium* which has been taken to prevent it.

"The poor man, without *Opium*, sinks into his grave with ease both of body and mind, if compared with those splendid persons who commonly die delirious."†

* Newton's Principia.

† A Treatise on Opium. By George Young, M.D., 1753.

This picture was painted in 1753; it is still a true representation of the state of things in our day, except that poor people are more able to get Opium now than they were a century ago.

SOME NEW EXPERIMENTS.—OPIUM.

Action upon the Stomach.

In November, 1876, Mr. S., while continuing his usual habits and his active occupations, took, at my request and without knowing what it was, *one* drop of the first centesimal dilution of the tincture of *Opium*, night and morning, for ten days. The only effect which he noticed was *a considerable increase of appetite*.

At another time he took *five* drops of the same dilution night and morning for ten days, under similar circumstances. The result was the same—a decided increase of appetite; so that he thought that I had been giving him a tonic. I had no opportunity of learning the condition of the pulse during either of these experiments; and it will be noticed that in both instances the small dose was repeated, so that they are not examples of the effects of one dose, but they are worth recording. That the action of the larger doses of Opium upon the digestive process is to impair it greatly is too well known to require further proof.

Action upon the Heart.

When only one effect is observed:

The following experiment was upon myself, and made November 2d, 1876:

12 o'clock,	pulse 64.	One drop of <i>tincture of Opium</i> taken in a little water.
12 3 "	" 70.	
12.10 "	" 68.	
12.20 "	" 68,	at which it continued.

Here the effect of a drop of *Laudanum* was to increase the action of the heart at first by six beats in a minute, and afterwards by four beats for a considerable time. The action of one dose with one effect only.

When more effects than one follow—at the same time or in succession:

November 4th, 7.25 A.M., feeling quite well, the pulse 68,

five drops of tincture of *Opium* were taken in water, with the following effects:

In	5	10	15	25	35	60	95	120	150	170	200	300	360	minutes.
Pulse beat .	68	68	70	70	74	76	76	76	72	68	68	68	68	times.

At 7.50 (*i. e.*, in 25 minutes) there was flatulence, and after an early dinner (at 1.30) considerable indigestion.

Here the heart's action was quickened—one effect after one dose—the stomach was simultaneously disturbed, and after these first effects had passed away, the digestion of food was marred, as a successive effect.

I purposed next taking ten drops in a few days, but was laid aside by illness. My friend, Mr. S., did this for me, and sent the following note:

“6 P.M., just finished tea, pulse mean 72, took 10 drops of the tincture, and sat down to read.

Time, . .	5	10	15	20	25	30	35	40	50	60	70	80	90	minutes.
Pulse, . .	70	66	68	70	67	68	70	70	67	68	62*	60	58	

Time, . . .	100	110	120	130	140	155	170	had supper	9 15
Pulse, . . .	54	53	56	56	58	59	57		64

The only other effect noticed was drowsiness.”

Here it will be observed that there was but one effect upon the heart, and that it was in the contrary direction to that of the smaller doses. The small dose increased the action of the heart, the large dose diminished it. This is what is meant by *Antipraxy*—the opposite action of different doses.

But there are doses between these, the effect of which is to combine both these actions.

On another occasion, Mr. S. “took six drops of the tincture of *Opium*, his pulse being 54, at 12.30 P.M.

Time, . .	5	15	20	25	35	40	45	65	minutes.
Pulse, . .	54	54	57	58	54	52	52	54	

—dinner—after which it rose to 64.”

* Very weak.

Here it is clear that the two actions were combined and produced their effects in succession. First, there was increase of the heart's action, and this was followed by a decrease of it. This is a case of true primary and secondary action, or of double action from one dose.

Other experiments have been made with similar results, but those which have been reported are representative ones, and they are sufficient.

Some Old Experiments.

Since my own experiments with *Opium* were made, my curiosity was excited about an old book which I hoped to find in the library of the Royal Medical and Chirurgical Society of London. In this I was successful, and the perusal of it gave me the liveliest pleasure and satisfaction. It contains the record of a variety of experiments with drugs *in health*, and it was published in 1793, that is, three years before the publication of Hahnemann's first essay, in *Hufeland's Journal*, in 1796. The book is entitled :

An Inquiry into the Nature and Properties of Opium. By Samuel Crumpe, M.D., Member of the Royal Irish Academy, London, 1793.

Chapter II is "An account of the effects of *Opium* on living systems." He speaks of the great diversity of opinion on this subject, and says:

"The truth, however, where disputed, I have endeavored to ascertain by experiments, which have at least the merit of being faithfully related; and such are the tests to which, in all similar cases, we must ultimately appeal. . . .

"As an accurate and comprehensive view of its (*Opium*) effects should be the chief foundation for our reasonings with respect to its mode of operation; *as these effects can be more clearly ascertained in a state of health than when complicated with the symptoms of disease*; and as its operation in various morbid affections will be more properly considered after its mode of action has undergone examination, I shall here chiefly confine myself to an enumeration of its effects on the body in a state of health."

"From an adequate dose of *Opium* the following changes are observable in the vital functions:

"The pulsations of the heart and arteries are first rendered quicker, fuller, and stronger, and afterwards slower than at the time of taking it. The heat of the body is generally somewhat augmented; the respiration is little affected, except

a large dose has been taken, towards the conclusion of the operation of which it becomes slow, stertorous, and laborious."

"Diametrically opposite have been the opinions of physicians with respect to the changes induced by *Opium* on the pulse, many positively asserting that its only effect is to render them slower and weaker; while even a greater number, of equal authority, unite in asserting that although this be the ultimate result of its action, the primary effect of its operation is to render them quicker and stronger."

"Willing to ascertain, if possible, the fact in so important a point, I made the following trials, with all imaginable care and exactness. The room in which they were conducted was of a moderate temperature; all motion was as much as possible refrained from during the whole experiment; and every circumstance avoided that could give rise to mistake. The experiments were several times repeated, but with such trifling variations that a detail of the three first seems fully sufficient."

"EXPERIMENT VI.

"Having breakfasted lightly at 9 in the morning I took at twelve one grain of *Opium* diffused in a teaspoonful of warm water, my pulse beating 70 in a minute, their natural standard, and the following were the changes observed in them:

In	2	5	10	15	20	25	30	35	40	45	50	55	60	minutes.
Pulse beat .	70	74	76	76	74	74	74	72	72	70	70	70	70	

"I could scarcely perceive any variation in the strength or fulness of the pulse; nor was it succeeded by drowsiness, or any similar affection."

Here, then, we have again one effect from one dose, one of excitement, which is not followed by depression. Dr. Crumpe does not seem to have noticed this fact, nor how it contradicts the statement made by him just before recording the experiment.

"EXPERIMENT VII.

"At 1 o'clock, P.M. I gave to a robust healthy young man, whose pulse beat but 44 in a minute, its natural standard, one grain of *Opium* diffused in a small quantity of warm water.

He had never before taken any of the medicine, and his pulse was affected in the following manner :

In	5	10	15	20	25	30	35	40	45	50	minutes.
Pulse beat .	44	44	44	44	50	52	54	48	48	46	

In	55	60	70	80	90	100	110	120	135	minutes.
Pulse beat .	46	46	46	44	42	42	40	40	44	

"After twenty-five minutes had elapsed there was a manifest increase as well in the strength and fulness as in the frequency of the pulse. In an hour this began to diminish, and continued decreasing till near the end of the experiment. A slight heaviness which came on fifty-five minutes after he had taken the *Opium* was the only other effect experienced from it."

In this experiment we have two effects, the second contrary to the first; there is manifest excitement followed by depression.

"EXPERIMENT VIII.

"Forty-five minutes after 12 P.M., my pulse beating 70 in the minute, I took two and a half grains of *Opium* dissolved in an ounce of water :

In	5	10	15	20	25	30	35	40	45	50	55	60	75	90	minutes.
Pulse beat .	74	74	74	76	78	80	72	70	64	64	66	70	70	70	

"In twenty minutes perceived a slight warmth, and soon after a degree of moisture on my skin, the fulness of pulse increasing as well as its frequency. In half an hour I found myself, or at least imagined myself, more alert and sprightly than before; in forty minutes perceived a pleasing kind of languor gradually increasing; in ninety minutes a dull headache; in two hours' time the headache was much increased, and attended with drowsiness and nausea; in two and a half hours every disagreeable symptom was increased, my pulse 70; took a spoonful of vinegar, which somewhat relieved the nausea; in two and three-quarter hours found all the above symptoms still increasing, and attended with slight vertigo and tremors in my hands; pulse the same as before. In

three and a half hours the nausea was considerably augmented, the other symptoms as before, and I at length threw up the contents of my stomach. The headache and vertigo were soon after relieved; but I continued in a stupid state for the remainder of the day."

Here, again, there is the double action upon the heart; at first increasing, and afterwards diminishing the number of pulsations above and below the natural standard. This severe proving also shows the action of *Opium* upon the brain and nerves, and upon the stomach; upon the brain there is both the primary and secondary action, the double action from one dose.

The largest doses of *Opium* have but one action, that of depression. This is so generally admitted that the testimony of two sufficiently well-informed witnesses will be sufficient on this occasion.

Dr. Paris, then President of the College of Physicians, says: "The stimulating effects of *Opium* are apparent only in small doses, by which the energy of the mind, the strength of the pulse, and the heat of the body are considerably increased. In large doses the powers of life are instantly depressed, drowsiness and stupor succeed."*

Professor Christison says: "The symptoms of poisoning with *Opium*, administered at once in a dangerous dose, begin with giddiness and stupor, generally without any previous stimulus."†

That even ten drops of *Laudanum* are sometimes sufficient to produce at once and without any previous excitement, this depressing action, has been shown in one of the experiments recorded in this essay.

Small doses and large ones have only one action; while the double action belongs only to intermediate doses. These are facts which contradict theory, and therefore it is said that "there is no evidence that large doses do not produce primary symptoms. But there is evidence that when large doses are given the effect is so overwhelming, the passage from primary to secondary so rapid, that the former are not recognizable."

Alas! this is a repetition of the old sin of squaring facts to theory, instead of making theory true to facts. What cannot be recognized is not to be invented. That all doses have primary and secondary actions is not a *general fact*. It is a theory, hypothesis, or fiction, which cannot be proved to be

* Dr. Paris's Pharmacologia, p. 465. † Christison On Poisons, p. 705.

true. "Whatever," says Sir Isaac Newton, "is not deduced from phenomena, is to be called an hypothesis." And hypotheses are not to be put on a level with facts.

OBSERVATIONS ON THESE EXPERIMENTS.

From an attentive consideration of the experiments, new and old, here described, it will be seen that—

1. A dose may be small enough to produce but one action. In the case of *Opium* the dose may quicken the pulse, and do no more.

2. A larger dose may be followed by two actions; the second action being in the contrary direction to the first. In the case of *Opium*, the pulse is first quickened, and afterwards depressed.

3. A still larger dose may again have but one action, or one direction of action. In the case of *Opium*, this action may be one of depression only.

4. A dose which acts only in one direction in one organ may be sufficient to act in the contrary direction in another organ. In the case of *Opium*, the dose may excite the heart, but may depress the stomach.

5. From a reference to experiments recorded in former essays, as well as to those in this, it may be stated that all drugs which have been proved for this purpose, have an opposite action in smaller and larger doses; but it is not equally certain yet that all have intermediate doses with a double action. Some, as castor oil, may have middle doses with no action at all.

THE CONNECTION BETWEEN THE ACTIONS OF ONE DOSE AND THE ACTIONS OF DIFFERENT DOSES.

This connection is now visible. In 1873 it was shown that small doses, having actions in certain fixed directions, occupied a chamber of their own; and that large doses, having actions in directions opposite to those of the small doses, occupied another chamber.

I have now the pleasure of showing that the same key which opened those chambers, opens the door of the vestibule which connects those two chambers together. The middle doses have two actions; the first action is that of the small doses, the second action is that of the large doses. These are the doses about which so much has been said as having pri-

mary and secondary or alternating actions. The nearer this middle dose is to the small one which produces but one action, the more will its action partake of the action of the small dose, and the less of the action of the large dose; and in like manner, the nearer it approaches to the large dose the less will there be of the action of the small dose, and the more of that of the large; finally, the action of the small dose will disappear, and there will be but one action which is that of the large dose.

THE DIVIDING LINE OR CONNECTING LINK BETWEEN THE OPPOSITE ACTIONS OF SMALL AND LARGE DOSES.

The separation between the actions of the smaller and larger doses has been spoken of in the previous essays as a dividing line. It will be seen now that it will be better to call it a connecting link. It is not an abrupt division, but, like many other operations of nature, very gradual. This connecting link includes *all doses which have primary and secondary actions.*

These results remind us of the rainbow in the cloud. This beautiful sign in the heavens has, it is well known, three principal colors—red, yellow, and blue, and these have between them other colors, produced by the blending together of those nearest each other. Between the red and the yellow there is an orange, and between the yellow and the blue there is a green—so we can now see clearly a bright bow in the dark cloud of therapeutics. Between the action of the small dose at one extremity, and the opposite action of the large dose at the other extremity, there is produced by the blending together of both these actions, the first and second actions of the middle range of doses.

The best medicinal dose is that which produces the action of the small dose only. If the dose belongs to the intermediate series, that is, if it has a double action, the nearer it is to the small dose which has one action only, the more appropriate it is; the nearer it approaches to the large dose which has one action only, the less likely is it to do good.

God has formed all things on a perfect plan, and these orderly arrangements have been discovered by following the example of William Harvey, who “searched out the secrets of nature by way of experiment.” They will be cavilled at, and perhaps even rejected, because they are not explained by some fanciful hypothesis; for “the human mind has a singu-

lar capacity for rejecting that which it cannot comprehend ; for ignoring and forgetting all that does not fall within the range of its previous conceptions."

THE SUBJECT CLEARED UP.

Homœopathy was a bright thought, but a vague one ; and this vagueness was increased by the speculative turn of Hahnemann's mind. Since his time we may, without arrogance, say, in the language of Lord Bacon, "it has been more professed than labored, and more labored than improved." It needs to be reduced to a series of definite general facts ; and when each of these is clearly conceived, and allowed to take its place, like so many links in a chain, therapeutics will have become a science, physicians will have satisfaction in the study and the practice of it, and patients will receive all the benefit which it is possible for medicine to give them. There will be truth in medicine then as well as in surgery.

It is believed that in former essays several of these links have been brought to light, and the obscurities in which they were clouded have been cleared away.

In this essay one more link has been discovered, and it is hoped that it has been so clearly shown that it may be seen at once, and without delay be made useful in practice.

It is presumed that no obscurity is left in the view to be taken of the action of all doses of drugs which come under the influence of the laws now suggested.

There is a series of doses small enough to produce effects of one kind only.

There is another series of doses large enough to be followed by effects of one kind only, but contrary to that of the first kind.

And there is an intermediate series of doses, the effects of which resemble, first those of the small doses, and afterwards those of the large doses.

And thus, to put a metaphor already used into another form, the white light reflected by the action of doses has been hitherto dazzling and perplexing ; it is now decomposed into three softer colored rays, red and yellow, with the intermediate orange compounded of the two extremes.

It has been thought convenient to give to the contrary actions of different doses the name of *Antipraxy*.

It will be convenient to give to the contrary actions of the same dose the name of *Dipraxy*.*

Only let it be remembered that these names contain no explanation of the facts they express. What Sydenham calls "the pomp of subtle speculations," and in another place, the "luxury of guesswork," is rejected, and as to all hypothetical explanations, the philosophy of ignorance is confessed.

Technical terms have been much abused, but they have their use. "I easily perceived," wrote Dr. Young in 1753, "of what prejudice it was for young students to be imposed on by technical terms that seem to have some meaning, though they really have none. Nevertheless, it must be owned that technical terms are of use for avoiding tedious repetitions, though it is extremely difficult to prevent the abuse of them."†

Once more, then, antipraxy simply expresses the fact that large and small doses have contrary actions, or produce contrary effects; and dipraxy, in like manner, expresses the fact that middle or intermediate doses, doses between the large and the small, have each a double action, the second contrary to the first.

What the action is, or *how* it works, is not known, and it is in vain to feign conjectural explanations. For all practical purposes it is sufficient to be well acquainted with the laws which govern the action, and the phenomena which are produced by it.

OBJECTIONS AND OBSERVATIONS OF OTHERS CONSIDERED.

Dr. Drysdale‡ now claims my best attention, and he shall have it. There is a touch of plaintive melancholy, and even of despondency, in his latest criticisms of antipraxy, which gives me pain. He repeats his former objections, but in a manner which seems to imply that he despairs of bringing me to reason. He says: "Dr. Sharp has always overlooked this, that one and the same dose produces two opposite actions." "There are always two actions from one and the same dose."

Seeing that all my experiments with doses, published before the present essay, were made in order to discover the actions of *different* doses, it is very puzzling to imagine what can have

* From *δωπλος*, double, and *πραξις*, action.

† Dr. Young's *Treatise on Opium*, p. 93.

‡ *Monthly Homœopathic Review*, Nov. 1876; and *Transactions of the Congress at Bristol*, 1876.

been his train of thought when he mourned over me with this lamentation: "There are always two actions from *one and the same dose*. This is a universal law!" It excites one's sense of wonder to imagine how the effects of *one* dose, whatever they may be, can be supposed to give a denial to a comparison between the actions of *different* doses. It amounts to saying, the actions of one dose are double, therefore there can be no difference between the actions of a small dose and the actions of a large dose, which is absurd.

The experiments recorded in this essay do show that there is a series of doses, each of which has a double action; but they show further that there are two other series of doses, one joining each extremity of the middle series of two action doses, each of which series has, in this sense, for one dose only one action.

Dr. Drysdale remarks further:

"The opposite action of small and large doses has a certain amount of virtual (why not actual?) truth, but only in the fact that it requires to be merged into a higher and larger law," namely, it may be presumed, into his own law, that there are always two actions from one dose. In a former essay I have remarked that no doubt the contrary actions of small and large doses is a law included in some other wider generalization, and have expressed the hope that this may be discovered, and I hope so still. But it is very plain that the law contended for by Dr. Drysdale is a narrower law than that expressed by antipraxy, for it is included within it, and is surpassed by it at each extremity. There is a series of small doses each of which has one action. There is another series of large doses each of which has one action in a contrary direction. And between these, and included within them, and being a connecting link, there is a third series of doses, the action of each of which is first that of the small dose, and then, second, that of the large dose.

This middle series includes all Dr. Drysdale's doses which "have always two opposite actions." And thus it is clear that *his* law is the more limited one, which is "merged into a higher and larger law." His "universal law" is pinched in on both sides by antipraxy.

Another remark, made in connection with the last, is this: "If it (antipraxy) is true as an explanation of homœopathic action, it can only be proved universal by taking into account the therapeutic action; then, of course, it is quite correct to say that a small dose in curing produces the opposite effect of

a large one which produces the disease. But this is nothing but a mere reassertion of the homœopathic principle, and is in no sense an explanation of it."

In this observation, on taking into account the therapeutic action as a proof of antipraxy, I have the pleasure of agreeing with Dr. Drysdale. The blow does not hit me, but it falls heavily on Dr. Dyce Brown, and I must leave him to defend himself.

Dr. Drysdale's further opposition to antipraxy is arranged under the following heads:

"First, it takes no account of the numerous exceptions where no such opposite action has been demonstrated, even in affections of mere *plus* and *minus*."

The opposite action of small and large doses has been shown to belong to every drug upon which experiments have been tried with small doses up to the present time. Dr. Drysdale has not named one exception, though he says they are numerous. The burden of proof lies upon him.

"Secondly, it takes no account of qualitative disease, such as gout, etc., of which no opposite producible by small doses is intelligible."

This difficulty attaches to homœopathy with quite as much force as to antipraxy, and it calls for all Dr. Drysdale's skill to remove it. What drug produces gout, or small-pox, or scarlet fever? These are complex names, and have we not to reduce them by an analyzing process to their component elements before we can go in search of a remedy? When each of these elements is looked at by itself, an intelligible opposite may be found, which is producible by small doses as distinctly as a similar can be found producible by large doses.

"Thirdly, a definite quantity of the antagonistic medicine will always be as necessary for the cure as for the production of the disease, and that quantity will be the same, and even greater, than what is necessary to produce the effect in health; *e. g.*, if 2 drops of *Aconite* (pure tincture) quicken the pulse, and $\frac{1}{20}$ th of a drop slow the pulse in health, it will always require at least $\frac{1}{20}$ th, if not more, to antagonize a quick pulse of disease."

This is a surprisingly distorted view of antipraxy, as may be seen clearly by a reference to the experiments in former essays with small doses. The contrary action of the small dose applies not to a single dose but to a series of doses; *e. g.*, from a small quantity of the pure tincture or crude drug to the third dilution or trituration, the millionth part of a drop

or grain, thus leaving scope for the different susceptibility of the patient and the varying cases of disease. It will be remembered that the so-called infinitesimals have not been experimented upon with reference to this question, and therefore no remark applicable to them can be made on either side.

"Fourthly, if the antagonistic theory were true, it would still be primary, and therefore liable to be merely palliative, requiring to be constantly kept up and in increased doses, being liable to the exhaustion and secondary opposite state of all primary actions."

I can gather no meaning from these words which has any bearing on the subject. The only thing that I can think of is a cuttle-fish making muddy the clear waters in which it is swimming.

"Fifthly, it takes no account of the double and opposite action of all agents in one and the same dose, if sufficient to exert any vital action beyond the line of health."

This objection has been answered already. The statement is incorrect. It is contradicted by Dr. Drysdale himself. In his admirable proving of the Bichromate of potash he makes this remark: "This medicine being a pure irritant, and acting on a somewhat circumscribed series of tissues and organs, is well adapted for homœopathic use, as the indications are not obscured in the way that occurs with the narcotics; *we are likewise not embarrassed by the difficulty of distinguishing primary and secondary symptoms* which meets us in the study of those medicines which act directly in producing functional derangements, such as the evacuants, etc."*

The statement, to the extent to which it is carried by Dr. Drysdale, is incorrect, but within the limits in which the double and opposite action of one dose is true, it is a valuable fact, inasmuch as it constitutes the connecting link between the contrary actions of small and large doses. This connecting link, though shown in this essay for the first time, seems to be so plainly proved by experiment, that theoretical objections to it are vain. It will be well for the sick if medical men will immediately make a practical application of it in their daily treatment of disease.

An attempt is now being made to introduce, as the law of the dose, this expression of it: "The medicinal dose must be less than the physiological one." By *physiological*, in this use of the word, is to be understood the disease-producing

* Hahnemannian Materia Medica, Kali bich., p. 39.

action of the dose in health, which until lately has been called its *pathogenetic* action. The expression is a deceiving one. There is no such dividing line between the effects of a drug in health and its healing power in disease. The small doses which cure in sickness, so far as they have yet been proved in health, also produce "physiological" effects.

Such is the latest form of the objections which the editors of the *British Journal of Homœopathy* have advanced against antipraxy. The objections are worthless. They are like the objections to homœopathy which had to be dealt with in the early essays.

The editors of the *Monthly Homœopathic Review*, Dr. Pope and Dr. Dyce Brown, have published four leading articles on the double action of large and small doses of medicines; the first in the number of July, 1875; the second in the following month; the third in October, and the fourth in December, 1876; Dr. Dyce Brown being the writer of them.

It may be doubted whether the calm whispers of truth will not suffer more from the enthusiasm, perhaps it should rather be said from the impetuosity, of these writings in its favor, than from the opposition of the *British Journal*. Mistakes made by an advocate are easily and surely taken advantage of by an opponent. To protect the truth of antipraxy from suffering in this manner I must be allowed to point out some of these mistakes.

1. These articles obscure the clearness of the proofs of antipraxy by the introduction of irrelevant facts; for instance, such as are taken from the phenomena of galvanism, heat, etc. The action of these forces ought not to be confounded with the action of drugs.

2. A narrow physiology and pathology are adopted, so narrow as to excite amazement. These are confined to the stimulation and paralysis of nerves, and the contraction and dilatation of bloodvessels. Inflammation is "a type of disease in general;" or, as it is expressed by Dr. Pope in his recent address, "Every form of functional disturbance, however arising, whether from drugs, or cold, or what not, is traceable in its earliest phase to inflammatory action. *The first stage of inflammation is the first stage of every manifestation of disturbed health.*" The stimulation and paralysis of nerves, and the contraction and dilatation of bloodvessels form a portion of the pathology of the living body, but not the whole of it,

unless it can be proved anatomically that the body is composed of nothing but nerves and arteries.

3. The action of a single dose is confounded with the actions of different doses. There are numerous examples of this mistake. To mention one will be sufficient. In the article for August, 1875, p. 462, the effect of an irritant is described, and then follows this remark, "Let it be particularly observed that the first and second stages are precisely the reverse of one another. . . . And this double or reverse action is produced by the same irritant;" yes, and by the same dose. This experiment, and others like it, so far from supporting anti-praxy—the opposite action of different doses—Dr. Drysdale would give as illustrations of his objection to it.

4. The treatment of the sick is confounded with experiments on the healthy; see pp. 470, 593, etc. "While dryness of the tongue is the invariable result of the use of *Belladonna* in health, it is remarkable that the reverse effect occasionally follows its use in disease." There are several pages occupied in this manner, which are so much waste paper. Experiments on animals are also largely referred to, which, as it seems to me, would be much better excluded.

5. Theory is confounded with fact. That small doses of drugs are always stimulants, and large doses always paralyzers, is not true as a fact.

6. No distinction is made between the observation of *individual* instances of opposite action and the suggestion of the *general* fact. An individual fact does not teach much; a general fact is a law of nature. The first is an observation; the second is an inductive discovery. The observation of an individual fact is seldom fruitful in results; the discovery of a general fact lays, or helps to lay, the foundation of a new branch of science. There is, therefore, a vast difference between them. In the four articles a large number of individual facts are collected from several writers; but the general fact is spoken of as if it had been long known and received, without a reference to any discoverer of it. That it has not been long known, and is not yet received and acknowledged, has been proved by Dr. Hughes, and is notorious. Who made the discovery is of minor importance, and it does not become me to say much upon it. Dr. Dyce Brown, in a letter to me, says he lays no claim to originality in respect to it, and none of the writers quoted by him, nor, to the best of my knowledge, does any one else announce the discovery of it. It seems, therefore, to be beyond contradiction, that the first time it

was suggested was in the Leamington Address in 1873. "As to antipraxy," writes Dr. Ker, of Cheltenham, "it requires only to look back to the past volumes of the *Review*, to show that you were the first to give that doctrine to the profession. It matters, therefore, little what the editors say in their individual capacity as to that doctrine. Their own pages contradict them."* Even Dr. Hughes, in his defence of himself against a criticism in the *Review*, is constrained to bear a clear testimony to the meaning of antipraxy, and to its "paternity."†

These are some of the more prominent mistakes, and they are such that the perusal of the four articles leaves upon the mind an impression of doubt and uncertainty, rather than of conviction and satisfaction.

The addition made in this essay to the picture of antipraxy painted in 1873 is the completion of it, and is a new testimony to the identity of the painter.

CONCLUSION.

It will not have escaped the notice of the attentive reader that the investigation of Hahnemann's homœopathy, begun in the first essay in 1851, was brought to a conclusion in the thirteenth essay in 1856. During twenty years since an earnest endeavor has been made to discover, if possible, the true actions of medicines. Nineteen essays have reported the progress of this endeavor. Notwithstanding the opposition and condemnation he has met with from both the old school and the new one, the author ventures to think that God has granted some success to his labor. And "the sense of work achieved, to a right man, is both the fruit of life and its fragrance."

Among other things, he thinks it has been clearly and distinctly shown :

With respect to drugs—

That all drugs act locally, *i. e.*, on some parts of the body in preference to other parts, and that each drug may be distinguished from the rest by this local action.

That drugs are to be classed among the causes of disease ; and that all the common causes of disease act, in the first instance, in a similarly local manner. So that the common division of diseases into general and local, which is still main-

* Letter from Dr. Ker to the author.

† Monthly Homœopathic Review for November, 1876, pp. 720, 721.

tained in the official *Nomenclature of Diseases* by the Royal College of Physicians, is in science incorrect, and in practice hurtful.

With respect to doses—

That the action of doses of drugs is governed by law; and that for the practical use of them, in prescribing medicines for the sick, they may be arranged in three classes:

1. A series of small doses having one action in a certain direction.

2. A series of large doses having also one action, but in an opposite direction.

3. A series of middle doses which have both these actions.

The author was indebted to Hahnemann for showing him a new path of research; but it soon became evident that Hahnemann was an unsafe guide, and that it was necessary to leave his company and attempt a solitary walk in the new path. A few steps have been taken, with much pains and caution; and now the path is left for others to pursue, who will find it become wider and brighter as they advance in it.

There are many stirring and important questions waiting for their answers; for example:

The conditions—such as the predisposition, the sensitiveness, or the “toughness” of individuals—which influence the action of drugs.

How the kind of action varies with each drug, with each organ, and with the condition of the organ, which is acted upon.

The limits beyond which the best remedy has lost its healing power.

The repetition of the dose.

And, lastly, the transcendental question of infinitesimal doses, which he has scarcely had time even to touch.

He has now been a student of medicine fifty-six years, and this day is seventy-two years old. For twenty long years the *British Journal of Homœopathy*, at every opportunity, has condemned what has been written as neither true nor new; lately it has been joined by the *Monthly Homœopathic Review*, which says that though true it has always been known, and posterity, to whom these essays are bequeathed, will not blame

him if he now suffers the pen to drop from his hand, notwithstanding that there is truth in Waller's lines :

“The soul's dark cottage, shattered and decay'd,
Lets in new light through chinks which time has made.”

In taking leave of Hahnemann it is difficult to know what to say. He has done so much good that one does not like to blame him, and he has done so much harm that one does not know how to praise him.

In taking leave of his colleagues of the new school, he thanks them for the attention which they have given him, and for the affectionate kindness which many of them have shown him. He would say farewell with the exhortation which William Harvey, whose example has already been referred to, gave to the fellows and members of the College of Physicians in his last will, “to search and study out the secrets of nature *by way of experiment.*”

In taking leave of his medical brethren of the old school, he must remind them that they have rejected this attempt at a fair and independent inquiry into Hahnemann's laborious work, as if it had been a fantastic and blind partisanship of his numerous errors, and that they have not been willing to make the needful practical inquiry for themselves. They have forgotten that men who turn their backs to the light throw their shadow before them and walk in its darkness, and that those only who turn their faces to the light have their shadow cast behind them, and their path is ever increasing in breadth and brightness.

Finally, in taking leave of the study of the action of drugs, which for so many years has been a labor of love, it is acknowledged with unfeigned humility that little has been accomplished in comparison with what remains to be done; with perfect frankness that that little is subject to correction by the results of further experiments, that is, careful, not crude, experiments, and with a full consciousness of the immeasurable distance between the works and ways of God and the observations and experiments of men. God is before and above the laws of his creation; they reflect his wisdom and power; and he has said, “As the heavens are higher than the earth, so are my ways higher than your ways, and my thoughts than your thoughts.”

RUGBY, January 21st, 1877.

A LECTURE ON OTOLOGY.

BY HENRY C. HOUGHTON, M.D.

(Delivered before the class at the New York Ophthalmic Hospital.)

BEFORE entering upon the consideration of the diseases we are to study, I wish to call your attention to two matters.

First. The importance of aural surgery. Second. The means by which otology has come to occupy its present position.

First then, its importance. Von Troltsch says: "Diseases of the ear are among the most serious and frequent affections to which the human system is exposed. This statement is quite the contrary to what is generally heard and thought on this subject. . . . But in spite of this, my statement is the correct one."* How many of you have ever looked at the matter thus? Let us learn the reason why these diseases are so serious. The tympanum is a small cavity bounded above by a bony roof covered on its lower surface by mucous membrane, while its upper surface or table is covered by serous membrane in immediate relation with the meninges of the brain. The floor of this cavity overlies the jugular vein, anteriorly is the articulation of the inferior maxillary bone and the ganglion of the fifth pair of nerves, posteriorly the mastoid cells in close relation to the cerebellum. The internal wall is the external wall of the labyrinth, and the outer wall is the membrana tympani. Suppurative inflammation occurring here causes changes that result seriously and fatally.

These have not been recognized till lately. Close differential diagnosis would change the cause of death in many certificates rendered to the Board of Health. Ulceration following acute suppuration in the tympanum may lead to caries or necrosis of the temporal bone. If this process extend upward, the meninges of the middle cerebral fossa are reached; if downward, the jugular vein; if backward, the mastoid cells lie so that the cerebrum is invaded; if inward, the internal ear offers an avenue by way of the meatus auditorius internus to the facial nerve or the brain itself. Prof. Markoe, writing upon caries and necrosis, says:† "In general it may be stated that primary caries is an affection of childhood and early maturity." In speaking of necrosis, death of the bone from separation of the periosteum, he says: "The third variety of necrosis which I deem worthy of special study is that which

* Roosa's Translation, 1869, page 1.

† Diseases of the Bones, New York, 1872, page 106.

occurs in the *cranial bones*. It is not easy to say why the disease should differ in its behavior in these bones from the course it manifests elsewhere, but that it does so is abundantly manifest. The most striking peculiarities of necrosis in this situation are mainly two: 1. An indisposition to the separation and casting off of the dead bone; 2. A disposition to spread slowly and gradually, so as to invade large tracts of neighboring healthy bone. These two features render this a formidable disease, and as they directly interfere with the reparative action of the diseased part, will explain why it is that necrosis of the cranial bones is so frequently a fatal 'disorder.' "

If you will make a careful study of the development of the temporal bone, and note the changes in configuration which it undergoes as the subject passes from infancy to childhood, you will understand the reasons of the serious results that follow infantile diseases. Yet this very time is the one of greatest neglect on the part of the general practitioner so far as regards aural diseases.

Suppurative inflammation not rising to a fatal grade, catarrhal inflammation causing deafness in early years, idiopathic inflammation of the internal ear in children, or that secondary to acute diseases, all these are very grave, when we consider that the loss of audition before seven years of age involves the speech, and causes deaf-mutism.

You must have noticed the change that occurs in a person who loses in a large degree the sense of hearing, the gradual withdrawal from social relations to find in his own experiences the greater satisfaction; as this avenue of communication with external things is closed, a morbid shade comes upon the character, which even the voice would seem to express in quick sharp accents or in unnatural deep grumblings. That must be an intimate relation between hearing and speech which is sufficient to associate deaf-mutism in the child and unnatural tones in the adult patient.

The serious aspect of our subject may, therefore, be pressed upon your attention from the consideration of the influence which disease of the ear exerts upon the individual as regards social position, intellectual development, or even life itself. Many a child has grown up under the scorn imposed by an offensive suppuration, the whole of life tinged by a morbid distrust, often a malicious antagonism. Many an adult under the weight develops a sensitive suspicion of his nearest friends; a marked contrast to the blind person. Again, aural disease

is important on account of frequency, being more so than diseases of the eye.

Von Troltsch says: "I believe I shall make too small rather than too large an estimate, when I assert that not more than one out of three persons of from twenty to forty years of age still possesses good and normal hearing. You will notice this fact in your practice. At first you will hear but little of ear diseases until by some fortunate accident the people learn that an aurist lives among them. Then suddenly a large number of patients will appear, and many of them will be of your acquaintances and persons whom you had not suspected as suffering from diseases of the ear."

Statistical comparison of the diseases of the eye and ear in Prussia gave 1 deaf mute in 1109 and 1 blind in 1738.* Such being the facts as to the serious nature and frequency of these diseases, how do we account for the apathy which has existed in the profession; an apathy which every writer from Wilde in 1853, to Von Troltsch, Hinton and Roosa of the present day, has deplored simply on the ground of ignorance which has fostered skepticism and neglect till charlatans occupied a field which the profession had shamelessly abandoned. Turnbull, on the first page of the introduction to his late work, writes: "A son of a wealthy gentleman of this city, aged seventeen, had scarlet fever at the age of *twelve years*, with severe inflammation of the throat, ear, soft palate and tonsils, producing deafness with purulent discharge, first from the right ear, and subsequently from both, and finally from the nose. He never received any systematic treatment, and even when he became offensive, not only to himself but to his whole family, was directed to let the disease alone. Such was the advice of two old and distinguished physicians, and of a celebrated surgeon, and why? No reasons were given except that it might go to his brain. Fortunately for this youth, a brother studied medicine, and as soon as he began to practice, his first desire was to acquire a knowledge of diseases of the ear, to improve his brother's condition so as to fit him to enter into society. With this view he solicited the writer's aid and counsel; active and regular treatment of the nose, tonsils and mucous membrane of his throat was instituted, keeping the ear clean, and opening the closed Eustachian tube. Within three months the discharge from the ear was under control, the nose was well, the tonsils reduced one-half, the voice had

* Kramer.

lost much of its nasal twang, and the whole aspect of the boy was brighter and better, and instead of keeping to himself, he became able to mix in society, and could hear general conversation; now what would he have been if this had gone on for years longer? We are almost sure it would have terminated in pyæmia or phthisis."

Let me cite an instance from my own practice. In September last I was called in consultation by one of our faculty to see a young man who was in a critical condition from aural disease. Five years before he had inflammation of the left ear followed by discharge. Two medical men were consulted, one a physician, the other a celebrated surgeon; both advised him to "let it alone," the surgeon expressing the hope that he would "grow out of it." For five years the discharge had been more or less annoying. Ten days before I saw him he had consulted one of the leading aurists of this city, being now alarmed on account of vertigo, pain in head and ear and general constitutional disturbance. A portion of a polypus was removed from the left meatus externus, and counter-irritation induced over the mastoid process. Growing worse, the family physician was called, and I saw him soon after. The left meatus was closed by remains of polypus, the mastoid region was puffy and tender to touch, and the tenderness extended above and in front of the auricle over the entire temporal bone. The patient complained of constant tense pain in the head, vertigo on rising or turning, and a restlessness at night which was almost beyond control.

Gelsemium relieved these symptoms, but the mastoid disease yielded to Capsicum; these two remedies, with Meze-reum and Mercurius, and an occasional intercurrent dose of Calcareæ jod., brought the patient to a point which allowed him to visit me at the office. The mastoid disease had resolved, as also the symptoms of phlebitis; but the meatus externus was filled completely with fungoid growth. Local and internal use of Alum ust., followed by Calc. carb. internally, has in three weeks removed the granulations from the posterior wall and from the membrana tympani, with the exception of one minute pedicle. The patient is now at his regular business, in all general respects well.

This deepseated disease perilling the life was the result of the advice received five years before. Do not think these rare instances. The skepticism in the profession is so general as to call out an essay on this subject, "Criticisms on the Recent Opinion of a Medical Writer," that the less serious diseases

of the ear may be successfully treated by a well-qualified general practitioner, and the more serious affections by none (*Boylston Prize Questions for 1870*). Every aurist in the country can tell you that this apathy is general in the highest ranks of our profession. Indeed, in almost every neglected case of aural disease that is of long standing, the reason of said neglect is found in the mistaken advice of some medical practitioner.

During the years past some excuse might have been urged for lack of knowledge in this branch of practice, but the standard works on otology at the present day cannot be excelled for scientific statement, the results of careful observation and research. Avail yourself of these results as fully as possible. Other things being equal, a knowledge of ophthalmology and otology marks the best general practitioner; the people accept such knowledge as evidence of extra or post graduate culture, and it must always prove a source of personal gratification to be able to meet these cases unaided.

Now as to the means by which otology has come to hold the position now occupied. Two items have been engaged in its development, pathological and clinical study. To the first Toynbee gave an impetus, which later workers have not failed to conserve and increase. His valuable collection gave explanations to many unsolved problems, and his writings are still of great practical benefit, even if later discoveries may have modified views then advanced. A new field was thus opened which has been well cultivated by many earnest workers.

Clinical study has undergone even greater revolution. Von Troltsch introduced the aural mirror or otoscope in 1855, and by its use all other methods of illumination have been superseded. To the use of this simple instrument may be traced the rapid growth and definite results of clinical study, for it has advanced otology in the same manner that the use of the ophthalmoscope has advanced the study of diseases of the eye. Improved methods of instrumental treatment have kept pace with better illumination, and every year is adding to the accumulated stores of clinical statistics.

The next item for our attention is means for examination and treatment. Let me impress upon your mind the great importance of system in your records of cases; you are trained to observe this in your general practice, but it is specially needed here. Follow some uniform plan, and you will thereby be guarded from many errors.

I have used for a number of years the blank form which you can see in the clinical record of the Ophthalmic Hospital.

Pay especial attention to the history, for there is a tendency on the part of the patient to omit the remote facts. The unseen is too often the unknown, and you will find the patient will unwittingly deny all former disease, and attribute his entire suffering to immediate and easily recognized causes. Inspection of the meatus and membrana tympani will often reveal evidences of former disease, and upon taxing your subject memory will call up past experiences, often very important, and necessary to clear diagnosis. If your patient is not verbose, let him tell his own story, and follow with such questions as are necessary to complete the history. Then apply the tests to settle accurately the hearing power. Three are in general use, the voice, the watch, and the tuning-fork; neither of these alone is a test for all the elements of audition.

The voice, of course, is the most important, as the failure to hear its modulations is the greatest factor in the poor patient's problem. We can spare any sounds better than those of voices. You will notice that there is no uniformity in the hearing power as compared for the watch and the voice; some patients can hear the tick of the watch at normal distance, while they cannot hear the voice near the ear; others hear the voice well, but the watch only on contact.

Dr. Prout has introduced a system for recording the hearing power, in which system Dr. Knapp has suggested some slight changes, making it more simple. In the *Archives of Ophthalmology and Otology*, vol. iii, No. 1, he writes: "The basis of our consideration is the *expression of the degree of deafness by a fraction of the normal standard of hearing power.*"

There are some difficulties to be overcome which do not exist in the determination of the acuteness of vision. We have no test for the sharpness of hearing that compares as to uniformity and universal applicability with the test types of oculists. Moreover, we have to examine the ear for its power to perceive different *qualities*, not solely different intensities of sound.

These qualities are, *noises, musical tones*, and, what is more important, the *human voice*, a mixture of music and noise. Applying this we use a loud-ticking watch-movement, heard normally the length of the consulting-room, 20 feet. If the patient hears only 1 inch then $\frac{20}{20 \times 1} = \frac{1}{20}$; if only by contact with the auricle $h = \frac{1}{8}$; if not at all $h = 0$. Dr. Prout uses H (horologium).

Dr. Knapp having used H for hearing distance, drops that and adopts Dr. Prout's use of H, substituting the small letter.

For the voice he uses V. Thus whispered voice being heard 20 feet, and spoken voice 60 feet, then $V = \frac{2}{6}$ indicates that the whisper is heard normally, and $V = \frac{6}{6}$ means the same for spoken voice, $V = \frac{1}{8}$ means perception of voice but not of the words, and $V = 0$ that the voice is not heard. For musical tones he uses a music box, heard 80 feet; hence $m = \frac{8}{8}$ means normal hearing, $m = \frac{1}{8}$ means it is heard only at 10 feet, etc. We thus have a simple and uniform standard for clinical record.

The tuning-fork is of special value in making the differential diagnosis of diseases of the internal ear, or the proportion of gravity of existing disease in the middle and internal ear. In semilateral deafness, if the tuning-fork vibrating on the vertex or glabella be heard with greater distinctness on the side affected, we infer that there is some lesion of the middle or external ear, by which the sonorous waves are confined to the tissues of the head. Hence if the meatus and tympanum are normal, and upon closing the meatus the tuning-fork is not heard more distinctly, we infer disease of the internal ear or of the auditory nerve-trunk. In cases where there is disease of both the middle and the internal ear this test is less conclusive, but we may with intelligent patients be able to determine which division of the ear is more seriously impaired.

In diseases of the internal ear, the cochlea being the part affected, we are able to determine what part is involved by using the piano, comparing the perception of high and low tones, and noting the number of vibrations.

From these tests we proceed to inquire for the reasons of failure in function, and one of the first steps is inspection of the external meatus and the membrana tympani. The adoption of either of the various forms of specula in use is very much a matter of training. I first purchased and used Toynbee's silver specula in private practice, but at the clinic you see me use Wilde's conical ones. The hard rubber specula give a more clearly defined contrast, and are to be preferred in some cases; the conical specula have been generally adopted in preference to the bivalvular one of Kramer. The speculum should be warmed in order to avoid the shock of cold upon the sometimes sensitive canal. Taking the upper edge of the auricle between the first and second fingers of the left hand, you introduce the instrument gently with the right, and by placing the thumb of the left hand upon the lower

edge of the dilated end, you are able to turn it in every direction and expose the entire external surface of the membrana tympani.

The speculum being properly introduced, take the otoscope or aural mirror of Von Troltsch, and with a little patience you will acquire the dexterity needed to perfectly illuminate the entire field of view. Ordinary daylight is best, as it gives a reflection free from the yellow tinge noticed when artificial light is used.

In the treatment of disease of the auditory canal it is often desirable to have both hands free, and the otoscope is made with a forehead band; having a ball and socket-joint this enables the operator by a slight movement of the head to focus the light in any direction.

Siegle's speculum is of very great value in determining the relations of the membrana tympani in many cases. By alternate exhaustion and condensation of the air in the chamber the membrane is moved to and fro; hence we settle questions regarding perforations, opacities, scales upon the external surface, extent and location of adhesions, etc.

We next advance to the examination of the Eustachian tubes and tympani. Three principal means are at hand: Politzer's method of inflation, the Eustachian catheter, and Valsalva's experiment.

It has been my habit in later years to use Politzer's method first in my efforts to determine the degree of patency of the Eustachian tubes. It offers a means which can be used alike with children and adults, causing no pain, is not dreaded by the patient, and if it fails to force air into the cavity we can then, as a last resort, use the catheter.

The action of this method depends upon the fact that in swallowing the soft palate is carried back, and by contact with the posterior wall of the pharynx divides it into two parts, superior and inferior. The openings into the superior part are the nares and the Eustachian tubes. Hence the patient takes a sip of water into the mouth, the surgeon inserts the nose-tip attached to the air-bag into one nostril, closing the other with the finger or thumb, gives the signal "swallow," and as the water is swallowed the air-bag is suddenly compressed, forcing the air into the cavity of the tympanum on either side.

With children it is not necessary to use the water; the air usually passes without an effort at deglutition. If the Eustachian tubes are dilatable the patient will usually be aware

of the passage of the air ; if not the watch will be a more conclusive test than his sensations ; the inflation will usually cause either increase or diminution of power at once. Dr. Grueber of Vienna gives the following modification of Politzer's method : the nose-piece is adjusted in the same manner, and the patient at the word of command, instead of swallowing water, pronounces one of the following syllables, *nack*, *nick*, *nock*, *nuck*, as the bag is squeezed. The pronunciation of one of the above syllables with decided emphasis firmly closes the upper pharynx, and thereupon the air passes with a distinctly perceptible noise through the tube into the cavity of the tympanum.

The Eustachian catheter was introduced as a means of treating deafness by Guyot in 1735, and no substitute for it has yet been furnished which will answer all demands for the treatment of certain forms of aural diseases. As a means of exploration, in order to settle diagnosis, I believe it has been abused, and is too frequently used when other and less irritating instruments will be all-sufficient. If the Eustachian tube does not allow the passage of air by the use of Valsalva's experiment, or by the more forcible method of Politzer, we have sufficient evidence that there is not a normal condition.

In the cases presenting the disease on one side only, we are shut up to the Eustachian catheter. I have known mischief come to a previously healthy tympanum by forcible use of Politzer's method, repeated inflation straining the patent tympanum, while no impression was made upon the closed Eustachian tube of the opposite side. This instrument is made of silver or hard rubber, of suitable length and calibre, say from five to seven inches in length ; three sizes of each material are usually sufficient ; the silver is easily bent to any desired curvature ; the rubber ones may be moulded by dipping in hot water. These are needed if you desire to force heated vapor into the cavity of the tympanum.

In introducing the Eustachian catheter, let it be your first care to see that the point enters and rests upon the floor of the inferior nasal passage ; then bring it to a horizontal line and gently pass it back until it touches the posterior wall of the pharynx, then withdrawing a little, turn till the point of the instrument is at right angles to its first position in the pharynx ; the ring on the outer end of the catheter will be your guide ; when in this position the air forced through the catheter should pass into the mouth of the Eustachian tube. If the instrument moves as the patient swallows, it is evident that

the beak rests upon the muscular walls and not in the tube. In passing the instrument through the inferior nares, if obstruction be encountered withdraw the catheter a little, turn it slightly to the right or left and make a second attempt to pass. In this manner any slight deviations in the form of the canal are overcome.

It is well to require your patient to blow the nose before attempting to pass the catheter; thus the passage is moistened and collections of mucus removed.

Prof. Noyes has introduced a curved catheter which is admirably adapted to certain cases in which the opening of the tube lies out of the direct line usually reached; you will readily perceive why each side, right and left, will require its special form of the instrument.

Although this manipulation seems a difficult one, and you are in doubt as to the precise location of the beak, yet patience will give tactile erudition, and you will overcome all difficulties. Avoid force, remembering the nature of the tissues with which you deal.

Toynbee and others attach great value to the otoscope or diagnostic tube, an instrument which he introduced and used for the practice of aural auscultation. It consists of a flexible tube of suitable length, the ends tipped with ivory; one end is introduced into the patient's ear, the other into the surgeon's, and upon inflation of the cavity of the tympanum, râles are heard, varying according to the state of the mucous membrane.

The last method of inflation which I shall mention is that called Valsalva's experiment or method.

It consists of a forcible expiration while the anterior nares are tightly closed. It is objectionable on account of the long-continued strain upon the tympani, in marked contrast to the sudden impact of air caused by Politzer's method or the catheter. All aurists have had occasion to warn patients against the frequent use of this method. In fact all the methods are liable to abuse. Frequent inflations cause the membrana tympani to become flaccid and bulging, often flapping like the jib of a yacht coming up in the wind.

The fact that a large proportion of the cases you will treat are based upon previous or coincident disease of the pharynx, leads us to inspection of its mucous membrane. A strong spatula, three oval or round mirrors similar to the laryngoscopic ones, a suitable light and a concave mirror of the focal distance corresponding to the operator's vision are needed.

Placing the patient's back to the light and throwing the

rays into the pharynx, we examine the tonsils, pillars, and posterior wall by simply using the spatula. The spaces posterior to the soft palate (rhinoscopic) are more difficult to exhibit.

A suitable light is afforded by a modification of Mackenzie's lamp, a plano-convex lens in a chimney upon an argand burner. It gives a strong illumination.

With the mirror upon the forehead (as before suggested for operations on the membrana tympani), throw strong light on the posterior wall of the pharynx, and holding the tongue with a spatula or by the tip with a towel, you introduce a small mirror behind the soft palate, and the same rays of light that illuminate the posterior nares return to you the picture of the parts.

The falling of the velum pendulum palati and the involuntary gagging of your patient are the perplexing elements in rhinoscopic examinations. We shall have occasion to refer to the appearances of the tissues when we study chronic catarrhal inflammation of the middle ear. In closing, let me urge upon you the great value of post-mortem examinations.

In every case of disease observed during a greater or less part of its course, we may have our conclusions either confirmed or corrected if we are able to secure the examination after death. It is this element in the researches of our German authors that gives them their peculiar interest.

Clinical Study followed by the Post-mortem Revelations.—The following directions for your guidance in making examinations of the temporal bone upon the cadaver, are taken from Prof. Toynbee's work:

"The simplest method of removing the ears for the purpose of dissection, is, in the first place, to saw off the calvaria in the usual way, and then to take out the petrous bones together by means of two transverse vertical sections, one in front of the two petrous bones and the other posterior to them; the anterior of these sections should pass in a line a little anterior to the anterior clinoid processes, and the posterior in a line through the posterior third of each mastoid process. By means of these two sections the trumpet-shaped extremity of each Eustachian tube, a portion of the mucous membrane of the fauces, and the whole of each petrous bone, together with the mastoid processes, can be taken out. The disadvantages of the procedure is the disfigurement which is so apt to ensue from the falling in of the face. To avoid this disadvantage, another mode of removing the ears may be resorted to; this

consists in taking out each petrous bone separately, in the following manner: The calvaria having been sawn off, an anterior section is to be made on each side, on the same line as in the above plan, but extending only as far as the outer part of the body of the sphenoid bone; a posterior section on each side is then to be made, as in the first plan, but not extending further inwards than the basilar process of the occipital bone.

"These two sections are to be made with a saw, or with a chisel and hammer; the apex of each petrous bone is then to be separated from the sphenoid and occipital bones, and each petrous bone (the outer ear and integument being detached and reflected downwards) is to be drawn outwards, taking care by inserting the scalpel deeply to remove as much of the soft parts as possible. With this second plan there is a difficulty in removing the whole of the guttural portion of the Eustachian tube; with care, however, this portion may be removed, especially if the final sections separating the petrous bone from the occipital and sphenoid be made to pass obliquely from above downwards and inwards. The organ of hearing having been removed, the dissection may be conducted in the following manner: The auditory nerve in its meatus should be first carefully examined, premising that a previous inspection has been made of the portion of the brain to which the portio mollis and portio dura nerves are attached. The size of the external meatus having been ascertained by allowing a strong light to fall into it, its anterior wall is to be removed by the cutting forceps. The state of the epidermis, the ceruminous glands and secretion, the dermis, periosteum and bone, are to be noticed. The outer surface of the membrana tympani is then to be examined; also the state of its epidermoid and dermoid laminæ, its degree of tension and the amount of motion possessed by the malleus when pressed upon by a fine point. The next step is to ascertain the condition of the guttural portion of the Eustachian tube, to lay open the cartilaginous tube with the scissors, and then to expose the cavity of the osseous portion by means of the cutting forceps.

"In doing this, the tensor tympani muscle is exposed; its structure should be examined, and if it has not a healthy appearance, portions should be submitted to microscopic inspection. The upper wall of the tympanum is next to be cut away by means of the cutting forceps; in doing this, great

care must be taken not to disturb or disconnect the malleus and incus, which lie immediately beneath it.

"After the tympanic cavity has been exposed, the first step is to pull the tensor tympani muscle, and to ascertain how far it causes a movement of the membrana tympani and ossicles; the incus and stapes are now to be touched with a fine point, so as to ascertain their degree of mobility; the tendon of the stapedius muscle is also to be pressed upon.

"The condition of the mucous membrane of the tympanum and of the mastoid cells is then to be ascertained, and any peculiarity of the cavity, the existence of bands of adhesion, etc., to be noted. The most delicate part of the dissection, viz., that of the internal ear, most now be undertaken.

"The cavities of the vestibule and cochlea are to be exposed by removing small portions of each. Before reaching the vestibule, the superior semicircular canal will be cut through and removed; the membranous canal should be drawn out and inspected; as the cavities of the vestibule and cochlea are laid bare, it is desirable to see that the quantity of perilymph is natural, as well as its color and consistence.

"The outer surface of the membranous labyrinth having been observed, it should be opened so as to expose the endolymph and otoconia, portions of all which parts should be removed for microscopic inspection. This having been effected, the remaining membranous semicircular canals are to be exposed, and the connection of the base of the stapes to the fenestra walls carefully examined. The last stage of the dissection consists in removing parts of the lamina spiralis, in examining them microscopically, and in exposing from within, by following the course of the scala tympani, the membrane of the fenestra rotunda. The only organ which remains unexamined is the stapedius muscle.

"In order to expose the course of the aqueductus fallopii, beginning at the stylomastoid foramen, it should be followed until the base of the pyramidal eminence containing the muscle is reached."

TREATMENT OF FRACTURE OF THE NECK OF THE FEMUR.

BY JOHN E. JAMES, M.D.

FRACTURES about the head of the femur may be of the neck (intracapsular), or trochanteric (extracapsular), and may be impacted or non-impacted (McClelland).

Fracture of the neck of the femur is an accident of very advanced life. It rarely occurs before the age of fifty, and more frequently occurs among women than men. Without taking time to speak of the causes, characters, etc., of these fractures, I wish to simply offer a few practical words in regard to the treatment of a non-impacted fracture of the neck.

It is an accident which is quite common, the prognosis of which is always unfavorable, because of (1) the depressing effect of the shock; (2), inability of the system, enfeebled with age, to bear kindly the long confinement necessary, hence it is so frequently followed by a low febrile state, which terminates in death; (3), the slow or insufficient exudation of plastic matter, so that firm union seldom follows the treatment.

The most common cause of death is the combined effect of shock and confinement.

Sir Astley Cooper, recognizing this fact, did not hesitate to recommend that no extended attempt be made to secure union; rather let the patient up upon crutches as soon as the pain had sufficiently subsided. His treatment consisted in keeping the patient at rest for two or three weeks, supporting the knee with a pillow.

Holmes, in his recent work, agrees with the above recommendation and treatment for the very old subjects, but for the younger and more vigorous enjoins attempts at union by means of long imposed rest and proper application of long splints.

The symptoms by which this form may be recognized are: Eversion of limb; rotation upon the *axis* of the femur and not upon the head of the same; shortening from one to two inches, which may be easily overcome; and great pain upon moving the limb. Crepitus may be but is not usually present; swelling and soreness of groin not constant.

The points to be regarded or indications for treatment are, coaptation of fragments and immobility attained by means of extension and counter-extension.

Many means have been devised to accomplish this. Annesley recommended the flexed position (double inclined plane); later the straight position (long splints) has been most in use, and has given the best results.

The objections to these positions is of course the high rate of mortality attending attempts at union.

It is with a view of decreasing the mortality rate and increasing the proportion of firm if not bony union of the

fragments, by combining coaptation of the ends of the fragments, extension and counter-extension, at the same time allowing freedom of movements of the patient upon crutches without fear of interfering with the above indications, that I offer the following typical case and instrument employed.

In December, 1871, Mrs. S., aged seventy-nine years, while coming down stairs, thought to make the last two steps at one reach, but being on the last step, her weight came suddenly upon the right leg and fractured the neck of the femur. I saw her first upon the second day; found foot and leg everted, great tenderness and spasmodic pains in and about the hip-joint, shortening of limb about two inches; diagnosed as above.

I placed her in a bed, making extension by means of weights attached to the foot, counter-extension by weight of her body, induced by raising the foot of her bed; supported the limb by bags filled with bran. In one week her strength began to fail, appetite was gone, and she seemed to be rapidly sinking. Upon consultation with Drs. D. and B. W. James, my diagnosis was confirmed, and the conclusion was unanimous that unless something could be devised to get the patient out of bed, she must certainly die. I accordingly had Mr. Kemble (artificial limb manufacturer) to make the following apparatus: It consisted of a piece of heavy sole leather moulded to fit one-half of the body, from two inches above the crest of the ilium down to a point a little above the hip-joint, secured by a broad band around the pelvis; a second piece fitted to the thigh from the trochanter minor to the knee, and laced up the front, the two connected by a flat iron rod having two joints, the one allowing a swinging motion (to and fro) and situated opposite to joint; the other, or adjustable joint, was about one and a half inches below the former, and so arranged that when the instrument was applied the leg could be rotated, so that the fragments should be in apposition with each other, and then the screw tightened, the joint firmly fixed, and the outer fragment could not be displaced. The swinging motion did not change the relative position at all, hence there was perfect rest of parts; at the same time the patient could walk upon crutches, sit upon a chair, or lie down at pleasure. Counter-extension was kept up by means of a well-padded perineal band attached anteriorly and posteriorly to the pelvic portion of the apparatus. This was applied, and the patient getting up upon crutches and allowed to move at pleasure, the appetite and strength returned.

In two months she began to put some weight upon the limb; in three months put away her crutches, tightening the perineal band when she wished to walk, and loosening it when lying at rest; in six months did without the instrument, and walked without perceptible limping. By actual measurement the shortening was less than half an inch; union firm, apparently bony, though that is in doubt, because at her death, two years afterwards, I was unable to get an autopsy.

The only objections to the instrument are that it must be fitted to each particular case, and its expensiveness to a certain class of patients. Its entire success in this case convinces me that by the application of this or a similar apparatus combining the points I have named, every patient suffering from a fracture of the neck of the femur can be made comfortable for life by wearing it, even though union does not take place; and a much greater proportion of firm unions must of necessity follow its use.

THE HAHNEMANN CLUB OF PHILADELPHIA.

REPORTED BY E. W. JAMES, M.D.

DIFFERENTIAL DIAGNOSIS.

BY C. S. MIDDLETON, M.D.

As it is an every-day occupation of the physician, when called to the bedside of a patient, to discriminate between the many diseases with which we meet, it may not be unprofitable to direct our attention to some of those which often present similar conditions, as those disorders which are most dissimilar can scarcely be confounded.

Although to diagnose correctly the existing disease is not always an absolute necessity for a physician applying remedies homœopathically, for the reason that we *must* prescribe for the condition manifested in each individual patient, both subjectively and objectively, nevertheless, to be perfectly satisfied as to the nature of the disease we treat will certainly aid us in directing our attention to a class of remedies best adapted to such a case, and, in consequence, help us to select the proper medicinal agent, and satisfy us that we know what we are doing.

But what terrible and often fatal results have followed when allopathic physicians have made mistakes in their diag-

nosis. For instance, in commencing treatment of a fever, which in the beginning is supposed to be "sthenic," with depletive measures, but which really turns out to be an "asthenic" fever, where they are required to build up their patients, they then, alas, find out too late how much depends with them upon a correct diagnosis.

It is somewhat remarkable that the old adage that "extremes meet," is so frequently exemplified in diseases; that is to say, that in an apparently similar condition, which may be caused on the one hand by actual disease or traumatic lesion, endangering life either suddenly or remotely, on the other hand may be the effect of mere functional disturbance of one or more of the noble organs. Instances of this nature are furnished by apoplexy, syncope, and some other similar disturbances.

Here we find the patient in a state of unconsciousness, sometimes apparently sleeping noisily or quietly, but presenting different characteristics, which we shall endeavor to describe, and requiring directly opposite treatment, mechanically and medicinally.

Apoplexy, syncope, stupor, etc., present in common: loss of consciousness, either complete or partial, attacks most frequently sudden, sometimes preceded or accompanied by pain in the head, sickness, and vomiting.

Apoplexy may be especially noted as occurring in individuals of "apoplectic" habit, stout, thick-set persons, with large organic developments, although others who seem of the opposite temperament do not always escape. The attack is sudden, occurring in high livers, mostly after a hearty meal and before digestion is completed, or during overexertion or great excitement; mostly preceded by pain in the head; sometimes attended with convulsive movements in the early part of the attack.

The patient passes rapidly into a comatose state; breathing becomes stertorous, with a *blowing expiration*; face at first may be pale, but soon becomes red, puffed, and finally purple; eyes half open and fixed, pupils contracted or dilated, and insensible to light; deglutition difficult; pulse slow, full, sometimes irregular.

Return to consciousness is slow, often requiring several hours or more. When the patient does recover his consciousness he mostly finds paralysis, more or less complete, to pervade one side of the body.

The above-enumerated symptoms are produced by extravasation of blood (or serum) within the substance of the brain.

"It has been ascertained more recently that the probable immediate cause of this effusion is rupture of minute aneurisms of the smallest arteries."

Syncope occurs most frequently in young and delicate ladies, may come on quite suddenly, the loss of consciousness and of volition be complete, but the face is pale; in fact, there is present great pallor or deathlike appearance; the respiration is quiet, like sleep; the pulse weak and often imperceptible.

The attack is brought on by some moral emotion, sudden sorrow, fright, sight of blood, disgusting objects, overfatigue, and loss of vital fluid.

These symptoms are caused by insufficient circulation, and soon pass away under proper restoratives, and the patient is soon as well as before the attack, except where great loss of blood may have been a cause.

Acute softening of the brain, producing a paralysis which it is impossible to distinguish from that of apoplexy, may be determined later in the course of the disease better than at first, as in apoplexy, when the patient is restored to consciousness he mostly gradually improves in mental condition, while in acute softening the mind remains in a sluggish or impaired condition, growing worse; and it will have been observed that mental weakness was more or less manifest previous to the attack, and that in all probability consciousness was not lost at the time paralysis set in.

Thrombosis, or the obstruction of some of the cerebral arteries by a fibrinoid vegetation, may give rise to apoplectic symptoms. The hemiplegia which follows is characterized by the fact that the face is paralyzed on the same side with the limbs, that the patient has had inflammation of the heart or valvular disease for some time, and that in all probability several slighter attacks have occurred, with loss of consciousness of shorter duration, or not at all.

If a fatal termination does not take place at once, rapid gangrene of the limbs sometimes ensues.

Coup de soleil, or sunstroke, assumes nearly the appearance of apoplexy upon first attention, but the difference is quite easily made out as a general rule.

The patient has been exposed to the burning rays of a meridian sun, or intense heat in the shade or in a room. The attack is not so sudden as in apoplexy, and although loss of consciousness is quite frequent, complete restoration takes

place sooner. The pulse, instead of being full, as in apoplexy, is frequent and feeble; skin often hot, especially on the head, and although the breathing be at times stertorous and deglutition more difficult, no paralysis is present, only feebleness of motion. The conditions are borne out in the after symptoms which follow an attack of either apoplexy or sunstroke.

The importance to an allopathic doctor of correctly diagnosing between the two conditions above compared, is most forcibly set forth in a well-known work on Medical Diagnosis, in which the author says: "The question with regard to the discrimination of these morbid states is one of great practical value, as on the conclusions arrived at depends our therapeutic action. Are we to bleed and to purge actively, or are we to withhold the lancet, use purgatives moderately, and trust to cold affusions, sinapisms, and stimulants; are we, in other words, to follow out a treatment of service in apoplexy, or a treatment of service in the majority of instances in sunstroke?"

"These points are, as a rule, readily determined. . . . But it must be confessed that we sometimes meet with ambiguous cases. . . . The management of such patients requires great care; *we must stimulate or not according to which indications the weight of the symptoms incline.*"

This illustrates the point made in the beginning of our remarks, and shows the often fatal mistakes they make, but which might be averted if they were to treat their patients after the manner of homœopathy—"according to which indications the weight of the symptoms incline."

Catalepsy could scarcely be confounded with apoplexy, except it be at a first glance, or from a careless examination.

It is true the attack is sudden, and loss of consciousness complete; but there is an absence of stertorous breathing, pupils are dilated, sensitive to light, and eyes open; no paralysis, nor even relaxation of the muscles, the limbs being retained in whatever position they assumed when the attack came on.

Pulse feeble and frequent; complete anæsthesia seems to exist, which, however, is lost when consciousness is restored.

Stupor, although an indefinite term in itself, will be used to lead or to cover several conditions which we will endeavor to compare. Stupor produced by alcoholic liquids, although sometimes profound, can generally be recognized by the odor of alcohol; the patient can be aroused slightly, and he occa-

sionally will move, there being no paralysis. Pulse frequent, often irregular.

When *narcotic poison* has been swallowed in the form of opium, we have also the odor of the drug, frequent efforts to vomit, pretty rapid intensification of the coma, and unless the stupor be fatal in its character, the patient can be partially aroused, but will as surely relapse again into sleep. The breathing is mostly quiet, but sometimes snoring; pupils greatly contracted.

When *Chloroform* has been used we again have the odor, complete anæsthesia and loss of volition, pulse rapid and feeble.

Protracted sleep may last for a number of days, the coma or sleep is quiet; the subject will occasionally change position, and can be awakened sometimes by the use of electricity. The pulse is generally feeble.

Occasionally a patient after a severe illness may fall into a profound sleep, from which it is difficult to awake him; but such a condition could scarcely be mistaken in its true character.

Asphyxia generally presents a livid and turgid face, but the spasmodic and difficult respiration which has preceded the loss of consciousness, will lead us to determine that the chest is the seat of disorder.

WHAT ARE THE MOST RELIABLE SIGNS OF INCIPIENT PHTHISIS PULMONALIS?

BY BUSHROD W. JAMES, M.D.

If the observer is familiar with the respiratory sounds of a healthy lung throughout, he will first notice, when phthisis is making its appearance, that there is a changed condition of the respiration in one or more parts of the lung tissue. In health both lungs have about the same sound on percussion, except where the heart encroaches on the left lung; hence, if there is a dulness independent of this on percussion, you will suspect a filling up of some of the vesicles of the lung, either of a tubercular or inflammatory character. Now, where there is a solidification in this way, you have sounds transmitted more readily through such dull parts.

If near the heart, the heart-throbs will be heard very distinctly over such area; or if the patient converses while you are auscultating the part, the vocal sound will appear quite

loud and distinct, which is not the case when the air-tubes are in a normal condition.

If this dull condition indicating solidification be found in one lung, and if the patient should have some indication of fever every night or every day, and if a dry cough be present, together with some irritation in the throat, and at times a slight expectoration, and with these symptoms he begins to lose weight and is easily out of breath, possibly with impaired digestion and a disposition to drowsiness, you may know that consumption is approaching.

Although these symptoms may be cured, the patient should not lose valuable time in delaying proper medical treatment.

WEATHER PROVING AND DISEASE TENDENCY.

BY BUSHROD W. JAMES, M.D.

November, 1876.—Sergeant F. M. M. Beall in his local meteorological summary for the month indicates twelve days on which rain fell. It was a damp month throughout, the latter part especially.

The barometer averaged a mean of 29.97, its highest point being on the 5th at 30.39, and the lowest on the 20th, when it was 29.54.

A very heavy rain occurred on the 18th to the 21st (4.87 inches of water fell), and the wind blew from twenty-five to forty-eight miles per hour. The Schuylkill River rose six feet. The wind blew from the east; in fact it prevailed so from the 14th to the 21st, and on the latter day it was north-east; but on the 22d it went to the southwest, and the following two days predominated north.

Of the temperature he says: The comparison of temperatures of this month with those of past years presents a very interesting table, showing that not only has the maximum and minimum temperatures been much higher than any for the past six years, but the mean is three degrees greater, as shown by the following table:

		Highest.	Lowest.	Range.	Mean.
November, 1871,	. . .	64	21	43	40
" 1872,	. . .	58	16	42	41
" 1873,	. . .	56	21	35	38
" 1874,	. . .	68	23	45	42
" 1875,	. . .	62	8	54	40
" 1876,	. . .	77	23	54	45

The month was ushered in with less typhoid and diphthe-

ritic tendency and very little malarial attacks, but a thin, watery diarrhœa and a light form of cholera morbus prevailed.

Fresh colds, with hoarseness and laryngitis, and some croup during the first week, were the most marked diseases.

The next week there were more rheumatic pains and aches; after this several days occurred in which no special tendency manifested itself.

As the cloudy day of the 14th, with northeast winds, came over us, we found more rheumatic aches and tired feelings, headaches, hives, hydroa and other eruptions, erysipelas, laryngitis and bronchial catarrhs manifesting themselves.

During the easterly wind for the next seven or eight days drowsy dull feelings, sore throats, headaches, and variable pains and aches were markedly numerous.

About the 20th, during the heavy storm, we had spinal congestions and watery diarrhœas.

After this coughs and pulmonary diseases were more obstinate and abundant.

Some pleurisy and sore throat also occurred, with a diphtheritic tendency in some cases, and a peculiar black-stained tongue, as if ink had been placed over the middle of the tongue, was noticed in a few cases.

It was not due to eating fruit, as I traced the history of the diet out in those cases.

The month went out with a tendency to epistaxis, rheumatism, and typhoid fever.

December, 1876.—The month was a characteristic winter one; cold, with freezing, sleeting, and cloudy weather most of the time.

The prevalent direction of the wind being northwest and north, and when storms were advancing in the east or northeast the principal disease tendencies were towards typhoid fever, with brain complications; to neuralgias, especially gastralgia and enteralgia, and headaches; some diarrhœa, mostly of a thin, watery kind, prevailed, when quite the reverse should have existed from the cool bracing air. Rheumatism was more noticeable at the beginning of the month, and aches, tired feelings, headaches, hives and miliary rash at the close of the month.

At the end of the first week there was a tendency to paralysis and sudden deaths.

In regard to the typhoid cases, they have put on more of a typhus form than usual, with stiff neck and spinal conges-

tions, and general cerebral disturbance, and very little abdominal or pulmonary tendency. They sweat more than is usual, and are enabled in most cases to drink milk with freedom, with a relish, and without injury. The miliary form of rash spoken of was much like scarlet rash; no vomiting, and seldom sore throat, and sometimes the skin was a little rough, as though the rash was elevated a little.

January, 1877.—With the exception of a few warm days at the close of the month it was an evenly cold one, in which the ground remained constantly frozen and covered with ice and snow, and there were no very sudden changes of temperature.

The general absence of epidemics, and the unusual good health of our city and this section of the country at large, was very marked.

Some typhoid fever of the cerebral type prevailed, and a great disposition to headache among invalids and others.

Sore throat, rheumatism, catarrhal colds and neuralgias were the prominent diseases.

Heart diseases seemed to be more than usually aggravated, and spinal cases suffered more.

There was also some miliary rash, influenza colds, and towards the close of the month bilious derangements, enteralgias and diarrhoea.

February, 1877.—This was a mild and comparatively healthy winter month, with the average daily temperature at from 30° to 44° almost all the time, except on the 22d, when the daily average was 53.2, and on the 13th, when it was 23°; very little rainfall, and not many sudden changes occurred. The most prevalent direction of the wind was north and northwest and west.

The change from the cool bracing winter weather of January to the milder temperature naturally brought more or less vital depression among invalids; consequently we had some diarrhoea, enteralgia and hepatic derangements, while brain, nervous and heart diseases were made worse.

Bilious vomitings were abundant; laryngeal and bronchial inflammations resulted, and likewise coughs and sore throats. At the end of the first week influenza colds, with coryza, were observable, with more or less achings and pains.

Headaches, neuralgias, bronchitis, and catarrhal affections, rheumatism, earaches, and suppurative inflammation of the middle ear, were the principal prevalent disease tendencies

the remainder of the month. The mortality lists for this and last month have been much lower than in corresponding months for years past in Philadelphia.

HOMŒOPATHIC MEDICAL SOCIETY OF CHESTER, DELAWARE AND MONTGOMERY COUNTIES.

REPORTED BY L. HOOPES, M.D., SECRETARY.

THE Homœopathic Medical Society of Chester, Delaware and Montgomery Counties, convened in quarterly session at No. 731 Chestnut Street, Philadelphia, April 10th, 1877, at 11.40 o'clock A.M. The President and Vice-President being absent, Dr. J. B. Wood, of West Chester, was chosen President *pro tem*.

Members present: Drs. C. Preston, M. Preston, Pierce, R. C. Smedley, I. D. Johnson, J. B. Wood, C. W. Perkins, J. W. Pratt, T. Pratt and L. Hoopes, and, by invitation, Dr. H. N. Martin, of Philadelphia, and S. Starr, of Chester.

Minutes of last meeting were read and adopted. The Secretary being absent at last meeting, the reading of the minutes of the October meeting was consequently omitted. On motion of Dr. C. Preston, the minutes of the October meeting were read and adopted.

Dr. C. Preston then read the following article:

ARGENTUM NITRICUM IN DISEASES OF THE KIDNEYS.

BY C. PRESTON, M.D.

No remedy that I have ever used has given such universal satisfaction and accomplished so many cures in a given time, in a large variety of kidney affections, as the Argent. nit. Its principal sphere, however, seems to be in catarrhal affections of these organs. The pains may be very acute, almost distracting the patient, and extending from the kidneys down the ureters to the bladder, or they may be dull aching pains extending across the loins or over the region of the bladder, or burning in these regions with or without painful urination, with red sand in the urine or abundance of uric acid. The pains while urinating may be similar to those of Canth., or they may be of quite a different character, but it is more generally indicated where there is little or no pain on urinating.

It, however, cures in many cases when Canth. seems to be indicated but utterly fails.

I am fully convinced that it will accomplish more good in urinary calculi when intense pain is experienced during the passage of sand or concrete substances through the ureters, than any remedy I have ever tried. In nephralgia I have had much better success with it during the last year than with Lyc., Nux v. and other remedies which I formerly considered the best.

I have several patients which I treated with this remedy, within the last eighteen months, successfully for catarrh of the kidneys, with the most agonizing attacks of nephralgia. Previous to taking this remedy the attacks occurred almost every day, and had usually lasted from two to four weeks, the patients not passing a winter for several years without a recurrence of this much-dreaded disease. They were speedily relieved with Argent. nit., and have had no symptoms of the disease during the past winter, and appear to be quite well.

I use the remedy in the 200th and 500th potencies, and have little doubt that higher attenuations might accomplish much more good in many cases, but have not yet been able to procure the remedy in a higher potency than the 500th.

Discussion.

Dr. M. Preston remarked that he had used Arg. nitr. with success, not for kidney symptoms alone, but where there was the dark, dried up, or bluish appearance of the countenance peculiar to the drug. He has used Ars. with great success in renal colic, characterized by the general symptoms so well known to all homœopathic physicians, and its use has been followed by the expulsion of large-sized uric and phosphatic calculi. Also Nitr. ac. in particular has relieved wonderfully a patient suffering in that manner where oxalate of lime appeared abundantly in the voided urine.

Dr. C. Preston: Do not wait for the peculiar appearance of the countenance when using Arg. nitr. in kidney disease, and patients treated with it are generally radically cured of the renal colic.

Dr. R. C. Smedley mentioned a case of inflammation of the kidneys in which Bell. gave some relief, but after the use of Berb. vul.^{2x} two calculi were passed. He also reported the following case of epilepsy:

EPILEPSY.

BY R. C. SMEDLEY, M.D.

ON April 3d, 1877, I was called to see Miss F. C. She had been having epileptic spasms at every monthly period since August of the previous year.

These spasms occurred at the cessation of the flow, which was always very scanty and lasted only three days. They were preceded by flushed face, dull expression of the eyes, dull, heavy, full feeling of head, aching in back and limbs, and pain in hips, running downwards, stomach disordered, anorexia, flatulence, sour eructations and constipation. Gave *Lyc.*^{2c} night and morning for a week, with strict directions in regard to diet, proscribing everything fried, all kinds of pork, fresh bread, coffee and pie.

At the expiration of one week the menses returned, scanty as usual, but without the aching in back and limbs. There was some headache and flushed face. Gave *Cauloph.* $\frac{1}{10}$, in water every hour, with directions to give it every half-hour if there should be much redness of face, fulness of head, twitching of hands, etc. The period passed over without any spasms.

Continued *Lyc.*^{2c} as before, one week. Stomach better, but no change in the condition of the bowels. Gave *Nux v.*^{2c} every night for a week. Patient somewhat brighter and strong; evening, no other change. Gave *Lyc.*^{2c} every night for one week, and *Nux*^{2c} same way the next, for two months, giving *Cauloph.*¹ at every menstrual nixus when there were the symptoms that usually preceded the spasms, as flushed face, etc. She has had no return of the epileptic convulsions since; appetite good, bowels regular; menses at their proper period, but still scanty.

I attribute the cure in a just measure to the diet of laxative, nutritious and easily digested food, and the avoidance of such articles as deranged the stomach. Diet suitable to individual cases is a grand adjunct to cure, under whatever system of medical treatment that may be employed. And yet by many the physical wants in this direction are not sufficiently studied.

Dr. Hoopes then reported the following cases from practice:

CASES FROM PRACTICE.

BY L. HOOPES, M.D.

CASE 1.—July 12th, 1876. Mrs. B., aged about 30, consulted me for a *violent* itching in the vagina lasting about a

week after the menses. Upon questioning her closely I found the following symptoms: Menses preceded by sick headache, and at the commencement violent bearing-down pain in hypogastrium and down the thighs; all relieved by a full flow. White mucous leucorrhœa after the menses, which evidently created the itching; constipation. Cured promptly by a few doses of Lach.²⁰⁰.

CASE 2.—July 12th, 1876. Maggie J., age about 15. Following the measles, congestion to head, with throbbing and forgetfulness; feels as if crazy; does not know whether she has done what she intended or not, nor whether objects seen are really there, or whether she only imagines them to be, until she has touched them; menses scanty and late. Sul.²⁰⁰ cured at once.

CASE 3.—Mr. B, age about 35. Chronic nasal catarrh, with profuse, thin, watery discharge; nose sore internally; blows dark scabs and blood from nose. Alumina³⁰ three times daily cured in two weeks.

CASE 4.—Mr. M. Cholera morbus; vomiting and diarrhœa; *thirst for warm drinks, and felt relieved by them.* One dose Bry.⁷⁰ sufficient.

Discussion.

Dr. R. C. Smedley reported a case of ulcers on the edges and one large one on the dorsum of the tongue, cured by Sant. $\frac{1}{10}$, after other remedies had failed. The Doctor not having any proving of Sant., had previously taken it in large doses himself, which produced soreness of the stomach and a large ulcer on the dorsum of his tongue.

Dr. C. W. Perkins reported a case which he diagnosed a false conception. The passing of the product was preceded by much flow with frequent clots; he made an examination and found the os dilated and something protruding; after a short time the patient passed something looking like a placenta, containing a gelatinous substance. *China* and *Ham.* controlled the hæmorrhage after expulsion. The sac contained a rudimentary cord, or at least it appeared like one. The Doctor wished members to express their opinions in regard to it, for he wanted information. Dr. C. Preston thought it must have been a true conception. Dr. Smedley asked the distinguishing difference between a true and false conception at this early stage? Dr. Pierce thinks that any case which fails to come to full development would be considered a false conception, and that this may have been a case of degeneration of the

foetus. Dr. C. Preston thinks that moles and hydatids only should be considered false conceptions. Dr. Martin had had two cases of false conception recently; one was a sac attached to the uterine wall by a pedicle, which, when it was opened, looked like a placenta folded up in a skinny sac. The other occurred very recently; the woman supposed herself five months pregnant, but had felt no motion, nor was she increased in size; before the next visit she was delivered of a sac the size of an orange, containing a cord and small foetus; she had all the symptoms of pregnancy, and it was evidently a case of arrested development.

Dr. M. Preston said, to return again to renal colic, he would suggest that *Chim. umb.*, *Prun. spin.* and *Nitr. ac.* have produced very good effects in the desire to pass water with painful burning and strangury which accompanied the passage of calculi, in several cases which he had treated. He also mentioned four cases of brachial neuralgia treated within the last two weeks; relief from pain and gradual disappearance of all the symptoms occurred from the use of *Crot. tig.*^{2c}. Indications were: pain in the left arm from the shoulder to the elbow and back of the hand, with swelling of the shoulder and whole arm; the pain is of a tearing, shooting kind, extending the whole length of the limb; inability to move it or to lie down; worse at night, preventing sleep, but if rest be obtained, the patient awakes relieved, but the least attempt to stir causes the pain to reappear with great violence; the arm becomes paralyzed and feels like a very heavy weight. Other remedies from which he has derived gratifying results in this affection are *Merc.*, *Kali carb.*, *Sang.*, *Kali nitr.* and *Sul.*; also *Ferr.* for left arm.

Dr. M. Preston also stated that Dr. Hammond, of New York City, has, by extensive inquiry in the tobacco manufactories of that city, obtained statistics to show that the use of tobacco does not injure the health of those who use it, nor shorten their lives. Statistics were published in a life insurance journal.

Dr. Johnson replied that Dr. Hammond stated on the same principle that alcohol is a food, which is a fallacy.

Dr. M. Preston said that all physiologists of the present day maintain that alcohol is a food.

Dr. Johnson replied that Richardson, the best European authority, decides that it is not.

Dr. M. Preston would be glad if it could be proven to the contrary.

Dr. Johnson: It is proven to lower the temperature.

Dr. M. Preston thinks the temperature will rise soon after taking alcohol or other food.

Dr. Johnson quoted Kirk, of Edinburgh, as proving that the temperature goes down for three hours after taking a single glass of alcohol.

Dr. M. Preston said that the oldest men in Norristown are tobacco-chewers, and are among the most healthy men of the town.

Dr. Johnson quoted Sullie, who says that "the use of tobacco is a most fruitful cause of paralysis and apoplexy."

Dr. J. B. Wood: In West Chester four out of five *young* men use tobacco, but at the age of seventy the proportion of tobacco-chewers is not near so great.

Dr. C. Preston thinks the statistics do not amount to much, for in Chester, West Chester and Norristown the statistics taken are very contradictory.

Dr. Smedley made remarks showing that alcohol is not a food, but a food preserver, and retards digestion, as shown by experiment. He also thinks that alcohol will retard the cure of consumption.

Dr. T. Pratt, Vice-President, coming in at this time, took the chair.

Dr. C. Preston asked advice on a case of rheumatism of the right arm which cannot bear to be touched or moved.

Dr. Martin had found *Sang.* very efficient in rheumatism of the right arm; and in cases in which Bry. seemed indicated but failed to relieve, *Asclepias tub.* has proven beneficial, but mostly in the left arm; also *Ferr.*

Dr. Smedley asked advice in a case of paralysis of the middle finger; it drops, and there is no power to extend it. Has been using *Lyc.* Dr. Martin thinks the remedy is correct, and advises him to use it in a higher potency.

Dr. M. Preston desired information in a case of neuralgia of the right side of the head; symptoms are, pain in the right side of the head, shooting, stitching through the right ear, extending to the vertex and right temple and down the neck; the pain is caused by turning the head, looking up or turning the eyes in any direction. The attacks come on in paroxysms and often continue for twelve hours; liable to come in the evening or middle of the night; wants the affected ear covered, and sweats produce a burning sensation like pepper on the tongue, lasting for hours. Has used *Sulph.*, *Amm. carb.* and *Kali nitr.*

Dr. Smedley recommends *Tongo* for some of the symptoms. Dr. C. Preston advised *Lach.*^{um}, and Dr. Martin thought *Amm. carb.* ought to cure it, and recommended the use of a higher potency.

Dr. Hoopes asked advice on a case of otorrhœa following scarlatina in his own child. The discharge is thin, yellowish-green and offensive, and there is much itching in the ears, and sometimes pain at night. *Aur.*²⁰ seemed to check it at one time, but not permanently. Members suggested *Crot. tig.*, *Cist.*, *Bov.*, *Arg. nit.* and *Cajuput.*

On motion the meeting adjourned to meet at 731 Chestnut Street, Philadelphia, on the first Tuesday in July, 1877.

AN EXAMINATION OF DR. BERRIDGE'S "ADDITIONS TO ALLEN'S MATERIA MEDICA."

WE are always glad to have our work examined and criticized, for it helps to purify and perfect the *Materia Medica*, by which the law of cure is to be most critically examined. But we regret that Dr. Berridge did not look up the originals of that untrustworthy compilation, Noack and Trinks, which, with the *Symptomen Codex* (a translation by Dr. Hempel), our school has had to trust.

Dr. Berridge says I omitted as follows:

1st. *Chininum hydrocyanicum* (properly *cyanatum*). I did omit it, and for this reason: Dr. Janson, in *Annal de Med.*, Belge, Août, 1836 (noticed in Schmidt's *Jahrbucher*, 18, 292), reports the effects of this drug on a man who had suffered from fever and ague for more than fifteen months, had been treated by many doctors and quacks, and now gets *Chin. hydrocyan.*, after which the symptoms are recorded. Is it any wonder that we distrust Noack and Trinks?

2d. *Chininum muriaticum*, omitted by me because the symptoms were observed after six grains of *Chin. mur.* in an old man (aged 69) suffering from hemiplegia!! The pathogenesis of *Chin. mur.* given in the *Encyclopedia* is pure and reliable.

3d. *Cubebs*. I am truly surprised that Dr. Berridge accuses me of omitting this. My collection includes everything of value referred to by Noack and Trinks, and if one takes the trouble to compare the two, the *Encyclopedia* will not suffer.

4th. *Cuprum carb.* is not omitted by me any more than was *Cubebs*.

5th. Compounds of Copper.

a. *Orichalcum*, a variable alloy of copper and zinc, not fit to be in a pure *Materia Medica*.

b. *Aes* (Bronze): the author quoted details of effects of working in bronze (composed of tin and copper).

c. *Aes camp* (Bell metal): same objection as to other alloys.

If experts will closely examine my articles on Copper and its preparations they will appreciate the care that has been taken to make them *pure* and *reliable*. I have myself notes of additions to be made, but they include none to which Dr. Berridge refers.

6th. *Ferrum sulph.* is *not* omitted by me, though it differs somewhat from Noack and Trinks; their references are to a case reported by Pyl, from *Samml. v. Aufs. a. d. gr. Arzn.*, II, 3; effects of applying a solution to an eruption on the scalp! (does any one wish a pure symptomatology of a drug commenced with such a case?), and to the effects of two ounces at one dose producing colic, vomiting, and purging, *nothing more*. This surely is not to be considered worth admitting.

7th. *Filix mas*. We have learned by sad experience to mistrust Noack and Trinks; they give several references to this drug and few symptoms, all of which I believe refer to effects of the drug when given in large doses *in connection with cathartics*. Burdach, *Syst. d. Arzn.*, 1808, one of the authorities in Noack and Trinks, is at hand in my library. I read on page 163 that it is used as a vermifuge in connection with Castor oil, and that sometimes anxiety, nausea and vomiting are caused; but really we cannot admit as a pure pathogenetic effect the fact that it expels a tapeworm!

8th. *Euonymus Europ.* I would not take this from Noack and Trinks, and it has been impossible to get access to the original *Prak. Mitth. d. Corresp. Gesellsch. Hom. Aerzt.*, 1827.

9th. *Ferrum magneticum*. Teste's "proving" amounts to a notice of some effects observed after the drug in a patient suffering from "mercurial neurosis." The proving or collection of symptoms from Caspari, *Bibl. I.*, in Jahr and Noack and Trinks, has been omitted; an oversight I was aware of, and which will be remedied in the Appendix.

10th. *Ferrum muriat.* In Benninghausen's *Versuch. d. Ver. d. Arzn.*, a note to *Ferrum* states that those symptoms with stars have been observed from *Ferr. muriat.* I have judged this to refer to *curative* action, as his whole book is devoted to *characteristic symptoms* of drugs; for example, one of the starred symptoms is "Bitter eructations after fat food;" an-

other symptom is divided by a star in the middle, the first part referring to *Ferr. met.*, the last part to *Ferr. mur.*; another is "Stitches in the chest on coughing," but there are no symptoms describing a cough produced by it, so I had referred these all to clinical indications. I may be in error, however; yet if Boenninghausen had made a special proving of *Ferr. mur.*, it would be in consonance with his character to have published it boldly and fully for the benefit of all.

11th. Electricity, Galvanism, Magnetism, Light, Heat, and all the correlated imponderable forces will be left to form a collection by themselves. Hahnemann's provings of the Magnet will also be omitted.

12th. *Aloes*; *All. Hom. Zeit.*, xx, "partly omitted." We are at a loss to know what Dr. Berridge means. This refers to Buchner's provings on himself and a friend, "S. T.;" the symptoms are all incorporated by Hering, and are given by me faithfully, I believe; if any symptom has been omitted I fail to find it.

13th. *Ammoniacum*, from *Hom. Gazette*. What does Dr. Berridge mean? The *Symptomen Codex* says "see *Homœopathic Gazette*," but that means nothing. We have omitted no proving of *Ammoniacum*.

14th. *Arseniuretted Hydrogen*. We have not only hunted up the originals given by Noack and Trinks, but have added thereto. If Noack and Trinks give symptoms we cannot find authority for, that is their lookout; we have shown them to be untrustworthy in general. Dr. Frost, in *Vierteljahrsschrift f. ger. med.*, xviii, p. 267, has reported nine cases of poisoning. Our orders for that journal have been out for years.

15th. *Arum maculatum*, "from *Archiv*, xiii, 2." We have again looked this through, page by page, and find nothing about the drug in it. My provings are from xiii, 1, and we believe are all right. (This is getting tiresome. I heartily wish Dr. Berridge had not led me such a wild-goose chase.)

16th. *Baryta muriatica*, "from Hering's *Jahr*." Here again I am perfectly reliable; my collection is from the same original as is Hering's. I fancy, however, that Hering adds a few clinical indications, which, of course, I am unable to take.

17th. *Cascarilla*. Dr. Berridge notices some symptoms in the *Symptomen Codex* (from Noack and Trinks), that are not found in the *Encyclopedia*. The only reference Noack and Trinks gives is the one from which I obtained my symptoms; mine correspond perfectly with the original. Noack and Trinks

do not correspond. They have added symptoms: where they came from I do not know. For example, the ear symptoms are not to be found in the original, nor is vertigo, and so on; besides they have played upon us two very common (with them) tricks, that of making two or more symptoms out of one original, and that of making one symptom out of two or more original symptoms. Another very common fault of Noack and Trinks (also in the *Symptomen Codex*) is *misrepresentation*; for example, in this same Cascarilla, Noack and Trinks make two symptoms under sleep, the two a horrible misstatement and garbling of the original. "Sleep with clear consciousness" should read "Sleep with semi-consciousness," and so on, just as I have it. Hempel translated it all, never apparently referring to the original.

18th. *Heracleum*. My reference is an earlier notice than that given by Noack and Trinks, but both are identical as to the subject-matter of symptoms. In Noack and Trinks it appears as *Branca*. The same remarks as to differences between Noack and Trinks and the *Encyclopedia* made above, apply here also. Noack and Trinks refer two symptoms to two old works, but do not tell us whether the symptoms occurred in healthy or sick individuals. I would not trust them.

19th. *Asparagus*; "Urinary symptoms." Those in Noack and Trinks and *Symptomen Codex* not in my work, are from two old works on *Materia Medica* which are not accessible to me, and which I would not trust as pure on the authority of Noack and Trinks. I have all the positive and pure observations.

20th. *Cantharides*. Howslip's case from Hempel. A man afflicted with pneumonia treated by fly-blisters; urinary organs affected in proportion as his chest got better. *Of course it is omitted*; there is enough that is trustworthy without it.

21st. *Chin. sulf.* "Objects seen only sideways," as given by Hempel, reads in Noack and Trinks, "Perception of objects only from the side while looking straight ahead." This symptom in the original Schema of *Journ. f. Hom. Arznei*, is marked with a star, which means that it was *observed in a patient*. Noack and Trinks, and following them Hempel, mixed all such symptoms with the pure ones *without note or comment*; besides, in the original the symptom reads: "Black spots before the eyes; straight ahead he sees nothing, especially towards evening, but he recognizes objects from the side." This symptom we find occurred in a man who suffered from a severe gastric fever with violent exacerbations towards evening. Chinin. was given; then a regular tertian

fever developed. Chinin. suppressed this; it returned after three weeks, when he got more Chinin., "and so on for nearly a year," when he saw the doctor, and this was one of his symptoms! Do you begin to see the broken reed we have been leaning upon?

22d. *Croton*. "*Annals*, iv." What does Dr. Berridge mean? We can find no omissions.

23d. *Cuprum acet.*, *sulph.*, *arsenicum*, "from Noack and Trinks," are scandalous; no honest compiler would accept their symptoms.

24th. *Daphne Indica* is all right; I have omitted nothing.

25th. *Ferrum met.*, *acet.*, *carb.* and *iod.*, from Noack and Trinks, must be shelved; they will not bear examination. Had I time and space I would show them up.

26th. *Hæmatoxylum*, "from Noack and Trinks." What is the matter? I took mine from the original. Does Dr. Berridge think it my duty to take it second-hand from Noack and Trinks?

27th. The arsenical eruptions described by Dr. Imbert-Gourbeyre in his monograph, and quoted by Dr. Blackley, are general descriptions of Arsenic; the cases referred to as authority by the author are cited by me in detail, though I could not of course include any general deductions therefrom. If Dr. Berridge will compare my authorities with those cited by Imbert-Gourbeyre he will see that this is true as far as they furnish additional material for the drug. In making up Arsenic scores of cases were rejected, partly because they only duplicated what I already had, partly because they were impure, as in the following.

28th. Provings of Arsenic extracted by Dr. Berridge in *Mon. Hom. Rev.*, 1870, p. 428. I am criticized for omitting these. On examination it will be found that the first case took Epsom salts, sulphate of zinc, castor oil and magnesia. The second case took Epsom salts. Other symptoms are from Dr. Hunt's work on the skin, in which the effects of Arsenic given to patients with skin diseases are noted; besides the results are general, as, for example, "A delicate papular eruption (*lichen arsenicalis*) will show itself under a course of Arsenic." Now if I incorporated all such general statements, my work would not only be enormously increased in size but be unreliable. In this same article Dr. Berridge has two "provings" by himself, one in a patient with *ulcerated cancer of the breast*, and another in one suffering from *skin eruption*. It may be well to collate all these, but I cannot put them into my pure

Materia Medica, nor do I think any one should consider them trustworthy.

29th. Dr. Higgins's *Ophidians* and article in the *New York Journ. of Hom.* have received my careful attention in days gone by. His symptoms of *Aristolochia Columb.* appeared too late for the first volume; his details of the effects of the bite of a *Crotalus cascabella* should, perhaps, have been incorporated; none of his general statements can, however, be received.

30th. In Dr. Higgins's article in the *New York Journ. of Hom.*, vol. ii, there is not a single reliable symptom furnished; it is all general remarks, hearsay evidence and clinical indications; they may be very good, however, but not for a pure *Materia Medica*.

31st. I am not aware that any of Dr. Berridge's provings have been omitted when they have appeared in time for the volume. I generally expect a proving for every drug; but when he publishes as a proving that "a patient took" a dose of something and observed a symptom, we must decline to receive the result as "pure."

32d. As to Dr. Berridge's lists of poisonings, we have to return him our thanks. It is astonishing how many cases of poisoning have to be rejected to one that can be received.

When Dr. Berridge has time to specify the instances in which I have been remiss, I will gladly acknowledge the fact; at present it is impossible to go over again all the lists. Dr. Berridge certainly knows what and where I have omitted, or he would not make such a general remark.

Botanical. *Anacardium occidentale* L. and *Semecarpus anacardium* L. both belong to the natural order *Anacardiaceæ*. *Anacardium occidentale* L. (or *Cassuvium pomiferum* L.), Cashew nut, Noix d'acajou, is a large tree growing in tropical America. *Semecarpus anacardium* L. (*Anacardium longifolium* Lam., *Anacardium orientale*) is a large tree growing in tropical Asia. The fruit of both trees is provided with a rind, beneath or within which is an acrid fluid, very caustic to the skin, and making an indelible stain on linen. It is probable that the active principle is the same in both species, and somewhat similar to the poisonous principle found in many members of this order, comprising so many virulent plants. Very good illustrations of these nuts, with flowers and leaves, may be found in Guibourt and Planchon, *Histoire Naturelle des Drogues simples*, Paris, 1876, vol. iii, pages 491 and 493.

I wish to add that the provings with the so-called highest

potencies (cm, mm, etc., of Fincke and Swan) are in reality the results of moderate potencies. Prof. Burdick, of New York, has been carefully looking into the matter, and will soon demonstrate that the millionth fluxion potency is no higher, if as high, as the one thousandth of the centesimal scale, and that in general the *square root* of a fluxion potency will represent the highest possible Hahnemannian potency. When using the one thousandth potencies of Boericke & Tafel (from which I have had most prompt and gratifying results) I consider myself quite as "high" as any who use the so-called "mm," or higher.

T. F. ALLEN.

NEW YORK, May 4th, 1877.

NOTE — We were about to express our thanks to Dr. Berridge for calling our attention to "a daily record of a proving of *Phytolacca* in the first edition of Hale's *New Remedies*, not recorded in later editions," but having carefully examined the book, we are unable to find it, and in consequence are unable to return thanks.

EDITORIAL NOTES.

COLLEGE COMMENCEMENT.—The Hahnemann Medical College of Philadelphia held its twenty-ninth annual commencement at the Academy of Music on Thursday, March 8th, 1877, in the presence of a very large and deeply-interested audience.

After the usual musical melange, performed by the celebrated Hassler's orchestra, and an appropriate prayer by the Rev. J. A. Kunkelman, the Valedictory Address was pronounced by Professor B. F. Betts. This address was well delivered and was attentively listened to. It was replete with sound advice to the graduating class, which, if they heed, cannot fail of standing them good service in days to come. Want of space forbids our reproducing the address entire, but we give instead some brief extracts from it. Professor Betts said :

"To keep pace with the rapid progress of homœopathy, you will find it necessary to still continue those habits of investigation and study you have already acquired. When you are *interested* in any new line of thought, pursue it with all your energy, for when you are *thus interested* is the time for you to read and investigate.

"Thought steadily directed to the *single* object in which the mind is *interested*, will accomplish much more than when squandered upon a number of different subjects.

"The effort to accomplish too much at once often results in the accomplishment of but very little. You will need to *first* get into harmony with the work before you—that is, to feel an interest in it, to feel it to be a source of pleasure and of profit to you; and then with steady plodding you will master it. Distraction, discontent and impatience will blast every effort you make.

"Truth is like a precious jewel hidden among rubbish. The latter must be *carefully* cleared away lest we overlook it. Its brightness may flash upon the sight, and, as we reach out to clutch it, a hasty or mis-directed effort may result in its eluding our grasp, but if we pursue it steadily, with a singleness of purpose, we may eventually make it our own.

"When you have brought new truths to light, it will be your duty to make them known to other members of your profession.

"An opportunity to investigate a particular form of disease which may be prevalent in your locality may present itself, and the conclusions you arrive at in regard to its nature, causes or treatment, may differ from those of other members of the profession, but it will be your duty to communicate to the profession these views through the medium of our medical journals or at our society meetings, where they can be discussed and commented upon.

"Let me urge you to a liberal support of our medical literature. Aim to obtain the best of all things, books, medicines and instruments; all need to be reliable.

"By associating yourselves with other members of our profession in the formation of the various national, state, and county medical societies, you will not only reap the advantage of the experience of others, but you will find it to be the most potent means for promoting professional sociability, without which you will feel a certain sense of exclusion and isolation from your profession. Your attendance at the stated meetings of these societies will afford you an opportunity to combine recreation, pleasure, and profit. The small troubles, vexations and annoyances of life, which, when taken together, probably cause more real pain than the most serious *calamities*, will be forgotten, and you will return to your homes with renewed vigor and energy.

"In your intercourse with your professional friends and patrons observe courtesy and kindness. Kind words are the bright flowers of earthly existence, which you can scatter whithersoever you go. A cold reserve is a cloak that is sometimes worn to cover up selfishness, as well as ignorance, but it brings but little comfort, for it is a mistake to expect to receive kindness and welcome words of cheer and help over the rugged and difficult pathway of life in return for cold reserve and selfishness. That civility which costs so little and is worth so much is an element in human character that contributes as much to the happiness of the individual possessing it as it does to him to whom it is extended."

The Degree of Doctor of Medicine and the Degree of Doctor of Homœopathic Medicine were then conferred on the following graduates:

George Allen, Medina, N. Y.; Frank W. Adriance, Medina, N. Y.; John F. Beaumont, Freeport, Ill.; Charles H. Brace, Cumberland, Md.; Albert Boley, Pittsburgh, Pa.; Eugene Rollin Corson, Ithaca, N. Y.; Walter M. Duke, Nashville, Tenn.; Willard Doolittle, Lima, N. Y.; Frank Eastman, Nashville, Tenn.; William Erwin, Belvidere, Ill.; George M. Getze, Tarentum, Pa.; Edgar W. Gosewich, Nashville, Tenn.; David M. Graham, M.D., Pittsburgh, Pa.; Leverett W. Giffin, Hamilton, N. Y.; Charles R. Humphrey, Guilford, N. Y.; E. Melville Howard, Worcester, Mass.; Clitus S. Hoag, Gaysville, Vt.; Walter M. Haines, Dexter, Me.; Joseph H. Knox, Dexter, Me.; Calvin Lockrow, Troy, N. Y.; Franklin O. Lyford, St. Albans, Me.; Howard W. Long, Philadelphia, Pa.; William J. Martin, Pittsburgh, Pa.; Zachary T. Miller, Alleghany City, Pa.; Edgar C. Parsons, Rantoul, Ill.; Jacob E. Pursel, Williamsport, Pa.; Frederick L. Preston, Norristown, Pa.; Merrit L. Powers, Moretown, Vt.; Clarence J. Pearce, M.D., Louisville, Ky.; Alfred C. Peterson, Philadelphia, Pa.; Bartlett L. Paine, M.D., Middleport, O.; Courtland F. Quinby, Wilmington, Del.; Joseph

M. Reeves, Philadelphia, Pa.; John W. Robinson, Pittsburgh, Pa.; Eugene F. Rink, Philadelphia, Pa.; George Wesley Shaffer, Manchester, Md.; Horace Still, Norristown, Pa.; Lyman B. Swormstedt, Westminster, Md.; John P. Scott, Philadelphia, Pa.; David W. Straup, Slatington, Pa.; William M. Thompson, Philadelphia, Pa.; George Thompson, Trenton, N. J.; Alfred F. Trafford, Red Bank, N. J.; J. Kay Wrigley, Clearfield, Pa.; William C. Williams, Woodbury, N. J.; Harry Lee Waters, Philadelphia, Pa.; Joseph H. Warrington, Philadelphia, Pa.; Thomas J. Wilson, Auburn, N. Y.; William H. Winslow, M.D., Philadelphia, Pa.; Robert W. Pearce, M.D., Louisville, Ky.; and the Honorary Degree of the College was conferred on Richard Hughes, M.D., of Brighton, England, and Clotar Müller, of Leipsic, Germany.

The medals of the Institution, of gold, silver and bronze, were conferred on the following graduates, for distinguished attainments. The gold medal to Dr. E. R. Corson, the silver medal to Dr. George Allen, and the bronze medal to Dr. E. M. Howard, the presentation address being made by Prof. J. P. Dake.

The floral offerings, which were numerous and beautiful, and other gifts, such as books, instruments, etc., for the graduates and their friends, were then presented by Prof. J. H. McClelland; after which, and the benediction having been pronounced, the vast audience dispersed, and the graduates were soon surrounded by congratulating friends.

The class at the College during the past year was not only an unusually large one, but, we are informed by the officers of the institution, was also unusually industrious and intelligent, while the average of the graduating class was several tenths higher than ever before. Certainly we never saw a more intelligent class of graduates during all our experience at commencements, and it must have been a pleasure to the faculty to lecture to them and their undergraduate brethren. A good faculty will make a good class, of course, but on the other hand, a good class will of necessity make a good faculty better.

This College has lost the services of one of its ablest teachers. In consequence of the enfeebled health of his wife, Dr. J. P. Dake has been compelled to tender his resignation, which has been reluctantly accepted. All who know Dr. Dake, which, we may say, includes almost the entire profession, know his competency and character, and will regret that he has been called from this field of usefulness, while at the same time they will condole with him in his domestic affliction.

The Chair of Practice made vacant by the resignation of Prof. Dake, has been filled by the appointment of Dr. R. J. McClatchey.

THE WESTERN ACADEMY OF HOMŒOPATHY AND THE INDIANA INSTITUTE OF HOMŒOPATHY will meet in joint convention at Indianapolis, on the 29th, 30th, and 31st of May. Headquarters will be at the Hotel Bates, with which special arrangements have been made for the accommodation of members and others attending the Convention. For information in regard to the Convention, railroad fares, or other matters, the General Secretary, Dr. J. Martine Kershaw, Fourteenth and St. Charles Streets, St. Louis, Mo., should be addressed. From the "bill of fare" furnished us by the General Secretary, in his list of "papers received to date," we should say that should no other mental provender be provided, the Convention will have ample food for their digestion. Papers with captivating titles, by some of the best physicians of the West, are on hand, supported by others by Meyhoffer, of Nice, France; Panelli, of Naples, Italy; Sharp, of Rugby, England, and Clotar Müller, of Leipsic, Germany.

We trust this Convention will not prevent the West from being largely represented at the meeting of the American Institute of Homœopathy, at Lake Chautauqua, on the 26th of June.

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CHOREA.

BY W. H. WINSLOW, M.D., OF PHILADELPHIA.

THERE is not another disease in the whole nosological system, of such common occurrence, about which the profession are so much at sea, as chorea. Whether we consider its etiology, pathology or treatment, we are impressed with the conflicting opinions and general uncertainty which prevail.

Ancients named it a dance of patron saints, but moderns are more inclined to dedicate it to the devil. Parents are more disposed to consider it satanic than saintly, when they see one of their loved ones afflicted by it.

Of the neuroses eclampsia alone can surpass it in its terrifying influences, and that disorder is generally transient, while chorea may be continuous for weeks and even months.

Chorea is most frequent at a time of life in children when the usual storms of disease incident to them have passed over, and is therefore the more unexpected. It is more prevalent in girls than boys, in the delicate and excitable than the robust, and hence awakens more active sympathy and apprehension.

Debility consequent upon second dentition, anæmia, chlorosis, tuberculosis, heredity, rheumatism and secondary embolism have been credited with its production. Any deterioration of the health may be a predisposing cause, though the rheumatic diathesis and cardiac mischief are the most prevalent and important. The exciting causes of outbreaks are said to be fear, anger, great mental effort, masturbation and suppression of an habitual discharge.

The pathology of chorea presents lesions of many fibrous

structures, and especially of the cardiac valves. Degenerations of the central and peripheral nervous tissues have occasionally been found. Individually and collectively these have been considered a cause of the disease, but it is probable they are only synchronous with it. The most eminent men of the old school assert, "that the choreic phenomena are symptomatic merely of the *seat* of the disease, and that the only essential condition of their production is an impairment of vigor and instability of the sensori-motor ganglia."

A diathesis cannot be located, and there is no warrant for supposing any pathological lesion yet discovered, in patients dead from chorea, a cause of the irregular movements. Indeed the pathological lesions found have in most cases had no close anatomical or functional connection with the choreic centres.

It is to such *post hoc propter hoc* theories that pathological studies lead, unless one is ever on guard to separate the spurious from the true.

It is these theoretical conclusions which lead one away from the true nature of disease, and they are responsible for the helterskelter practice of the old-school physicians. Splitting the human body up into counties and townships is all very well for purposes of study, but the body, like the State, must be considered an entity when we come to investigate measures for the general good.

His concrete way of observation, his disregard of *theories* derived from pathology, and his adherence to the law of *similia*, in my opinion give a homœopath great advantages over his opponents in practice. Why *he* should ever get weak-kneed is a mystery to me, unless it may arise from his ignorance of the doings of the old school.

The treatment of chorea is as unsatisfactory generally as its pathology. It is useless to enumerate the great number of medicines and remedies which have been used in chorea by every school. They swell to heaven, and continue to multiply with new theories of the cause of the disorder and the experiments of radical practitioners. The allopaths believe that a lowered vitality occurs from causes not often discernible, and upon this is engrafted a rheumatic diathesis which inaugurates the choreic manifestations; that these may arise from local irritations by the *causa morbi*, or from plugging of a capillary of the middle cerebral artery by an embolus washed from inflamed cardiac valves. These views should influence the treatment; but one looks in vain amongst allo-

pathic authorities for a logical deduction from the premises. From the records of a great many cases I find that Arsenic has the most favorable recommendations. Purgatives, tonics, stimulants, sedatives, antispasmodics, tetanics and narcotics are highly praised, and a strict attention to hygiene and nutrition enjoined. The groups do not include what may be called antirheumatic medicines, and their mere enumeration here serves to show the slight to pathology and the glorification of empiricism. Cod-liver oil, Iron and Arsenic form a favorite trio for chorea, as they do for many other diseases; but they possess no special rheumatic antithesis. Arsenic is considered by our friends an alterative, which means that it cures one does not know how. A prominent teacher said: "When you don't know what to give, give an alterative." This is just what allopathic teaching leads to in a vast majority of instances, and it is painfully apparent in their treatment of chorea.

It is my firm belief that cases which recover under such medication do so in spite of the medicines, not on account of their beneficial action, unless in some cases accident has led to a selection of one homœopathic to the disease. I am the more inclined to believe this, because in some hospitals where many cases of chorea have been treated by a great variety of methods, no deaths have occurred.

It is difficult to determine the value of medicine with the *similia* law to guide us, but it is more so in empiricism. There may cures result, but imperfect observations and records make it impossible to say what has cured.

I have treated some dozen cases of chorea allopathically. Some were mild, some terrible to look upon. All recovered in periods ranging from six weeks to eighteen months. Every attention was given to the personal and local hygiene of the patients. Medicines belonging to the above-named groups were given according to their known physiological actions, and generally against existing perturbations and a theoretical pathology. Improvement was always slow, and often stationary, notwithstanding medication.

The last year of my allopathic practice I treated a case of chorea in a child. Her family history for three generations gave no record of decided neurotic disorders.

The father, æt. 50 years, had suffered from neuralgia from Jersey malaria, was sallow and rawboned, but worked hard and considered himself perfectly sound. The mother, æt. 42 years, was a small, thin, wiry woman, full of snap and am-

bition, who had recovered from an operation which I had performed for a ruptured perineum, third degree, and later from a paraplegia of three months' duration, due to a congestion of the lumbar cord. Her health had generally been good, and she had borne five healthy children.

The patient, a girl, æt. 11 years, was of medium size, well developed in skeleton and muscle, but with little fat. Her yellow hair, blue eyes, pale, thin skin, graceful movements and sprightly manner, made a type to which so many of our scrofulous yet most interesting schoolgirls belong. She had passed through the diseases of childhood without any sequelæ, except an otitis media, which I cured in a few weeks. She stood well in school, romped a great deal, and generally had a good appetite. In the summer of 1875 I was consulted by her mother, who said, "Sallie has lost her appetite, is restless at night and complains of pains in her limbs;" which the mother denominated "growing pains." A mild elixir of Cinchona and Pyrophosphate of iron was prescribed, and the patient improved somewhat. Two months later I saw her again, and learned that she had fallen and struck her head heavily upon a stone, cutting the brow slightly. A lady physician from the Woman's College had been giving her something which I considered a "placebo," as it tasted only of Schuylkill water and sugar. Choreic movements were now present in the left extremities. I ordered a laxative and three-drop doses of Fowler's solution of Arsenic, three times daily. In a few days the movements became severe and general. The contortions upon both sides of the body were frequent and distressing; deglutition was impeded; speech imperfect; the tongue sometimes bitten; pupils dilated; a simple expression upon the convulsed face; the head twisted from side to side; the respirations irregular and spasmodic, and the appetite lost. There was much thirst, slight fever and constipation. Sleep was fitful and imperfect, and the movements did not entirely cease during its continuance. Bromide of potassium in elixir of Cinchona was added to the other treatment, and ice and ether were applied to the spine. Bitter wine of iron was given, when the Bromide was not, and Cimicifuga had fair play, with no perceptible effect. There was already too much gymnastic exercise. The little patient bore her sufferings with remarkable equanimity, and they were atrocious for three whole weeks. Then the movements became less general and less frequent. They lost their violence, so that eating, drinking and sleeping were not so much

interfered with ; but they continued in an uncomfortable degree for several weeks longer, and did not entirely cease till three months had passed, though the child had taken enough Arsenic, Iron and Potash to disorganize most corporeal structures. There was throughout the course of the disease a strict adherence to scientific allopathic treatment, and I was forced to conclude that medicines had done little if any good, and that chorea was worse than the Sphinx's riddle.

I felt happy to get the case off my hands without a display of crape, and did my best for the little shattered creature by sending her away to a Jersey farmhouse, from which she returned in good health about Christmas.

In March, 1877, I was called to see the child again. Another attack of chorea had commenced with its pristine violence a week before. The mother had blistered her along the spine with what I took to be Tartar-emetic ointment, and had been giving her Fowler's solution, bidden by the cabalistic label of a priestly quack. The patient was tortured by the sore, and had all the bilateral symptoms of the previous attack, if anything more violent. She could only rest upon a feather bed, where frictions and contusions were lessened and movements unimpeded. She could only eat and drink by teaspoonfuls, and had not slept for *five* days and nights. She was pale and much exhausted, had frontal headache, with evident cerebral hyperæmia. There was much irritability ; she cried when touched. The eyes were bright and the pupils widely dilated. The face became congested occasionally ; there was increased temperature about the head and neck, but the trunk was moist and cool. She complained of dizziness when raised up, and became much convulsed. A great revolution had taken place in my mind during the interval which had occurred since the previous attack. I had become a convert to homœopathy, and saw in the sufferer before me no rheumatic acid, no indications for administering a slowly-acting doubtful alterative. I saw the picture of Belladonna dimly outlined, and remembering the hyperæsthesia which always attends acutely diseased tissues, I gave a few drops of the 1^x dil. in half a tumbler of water, one teaspoonful to be given every hour till better. The symptoms improved during the night, and she slept half an hour. For the next four days the movements were somewhat lessened ; the patient ate and drank better, had a few soft stools, and dozed for short periods upon the bed or in her father's arms.

The fifth day I was summoned in haste. I found some

fever and a great and alarming increase in the jactitations. The contortions were frightful, and taking things from a spoon almost impossible. The pupils were widely dilated, and the eyes glassy and vacant. She could speak only monosyllables, said she had pains in her head and stomach (region below the spleen) by signs. The bowels had not moved for two days. The breathing was gasping and hurried; there was laryngeal spasm and hoarseness; the face was bluish and pinched, and asphyxia seemed threatening. I feared true eclampsia would at any moment supervene. The family thought she was dying.

In this dire extremity my faith was shaken. It took me many minutes to consider what to do, and the Bromides and Chloral loomed up before me like lighthouses to a lost mariner. I decided not to oppose the beneficent efforts of nature; not to treat a complicated and hypothetical pathology; not to prove an apostate to a system which my studies had convinced me was a science. The laryngismus, hoarseness and cerulean hue of the surface attracted me to Copper, and I gave a few grains of the 1^x trit. in ten teaspoonfuls of water, one teaspoonful to be given every fifteen minutes. It acted like magic. I never saw any medicine, except a hypodermic of Morphia, do its work so quickly. The stridor was lessened; the eclamptic threatenings and the lateral pain were diminished after the first dose. The medicine was continued during the day, after awhile at longer intervals. In the evening, however, there was considerable delirium, and more fever and collapse was threatened. I etherized the little sufferer partially to give temporary rest, and took advantage of the diminished excitomotor action to administer a glass of milk punch. The Cuprum was given during the night every two hours, and the patient was tolerably comfortable. The next day a crop of varicella vesicles began to appear, and during the next few days matured and desiccated. (A baby in the house had the same exanthem a week later.) The Cuprum was continued at lengthening intervals, as the choreic phenomena diminished. I was loath to abandon a medicine which had rendered such signal service, though some of its prominent symptoms had disappeared. Happily, I met Prof. E. A. Farrington, and he suggested a return to Belladonna. A few drops of the 1^x in half a glass of water, one teaspoonful every two hours, was substituted for the Cuprum, and continued about a week, the interval of administration being gradually lengthened. It then became necessary to reconsider the symptoms, though

they had much improved. There was pain and soreness over the whole body; considerable jactitation of the muscles of the neck and extremities; imperfect movement of the tongue, which was sometimes bitten; deficient memory; dilated pupils and a simple expression; slight delirium at night, with uneasiness and headache. I selected Bryonia, and gave small doses in water, and this completed the cure by the end of the *sixth* week.

During the course of the disease beef tea, milk and a small quantity of whisky were forced, and other foods given whenever the patient could be induced to take them. The disease was virtually conquered in three weeks, but irregular movements of the hands and feet continued three weeks longer. Belladonna and Acetate of copper were given the first half, and Bryonia the last half of the period.

The seventh week the child was thin, anæmic, and nervous, but her simple look had departed; her intelligence was restored; she had an excellent appetite, and played in a sunny yard daily. She is now, a month later, much improved in health and strength, and helps her mother considerably in her housework. The same disease, in the same patient, treated by the same physician in such diametrically opposite methods, makes this record unique. I believe this to be the first case of chorea complicated by varicella which has been noted. It is certain that the last attack, being augmented by the exanthem, was more violent than the first. It is equally plain that the treatment by homœopathic medicines, according to the law, decidedly influenced the course of the disease, and terminated it quicker than when allopathic authorities were followed.

Drs. Gray and Tuckwell have recently asserted in the London *Lancet* that all medicines yet used in the treatment of chorea only prolong its destination. Our allopathic friends are fast approaching nihilism. The average period of thirty-eight cases of chorea without any medicine was *ten* weeks. Let my case stand as a condemnation of expectant treatment, and a proof of the beneficent effects to be derived from medicines when given according to the law *Similia similibus curantur*.

A CASE OF ARSENICAL POISONING.

BY A. P. BOWIE, M.D., OF UNIONTOWN, PA.

ON 29th March, 1877, at 7.30 P.M., was called to see John Adams, an Irishman; was told he had been vomiting and purging freely for two hours. Found him lying on the bed, with a basinful of watery, frothy fluid near him, which he had just thrown up. Complained of no pain, but a dreadful burning in the stomach, with a great deal of thirst; nothing would stay on his stomach; water would be thrown up immediately after swallowing. Had come home from work feeling well; had not eaten any supper, but had taken a drink of water from a cup. I was shown the cup, and found a paper in it, and a white substance at the bottom of the cup, and a label with "Arsenic, poison," written on it. He then recollected he had purchased some Arsenic to kill the rats, and had put it away in a cup in the cupboard, and it was this cup from which he drank the water. He began to vomit in ten minutes after he swallowed the water, and it had continued till now (nearly two hours).

I hurried to the nearest drug store and procured a bottleful of the Peroxide of iron, and gave him a dose, which he immediately threw up. Also administered mucilage of Aca-cia, Calcined magnesia and milk, these all being antidotes to Arsenic. The vomiting still persisted, and his calls for water were frequent, and he wanted it in large quantities. One of his fellow-workmen brought him a little water in a cup, but he would not have it, and exclaimed, "bring a drink of some account;" a large bowlful was given him, which he swallowed but immediately threw up.

The vomiting continued till 3 A.M. next day, when he went to sleep, and when I called at 7 A.M. he said he felt all right, as he had a good cleaning out. And now, as a week has elapsed, he says he feels no ill consequences.

The symptoms noticed were as follows:

1. Vomiting with no pain.
2. Painless, watery diarrhoea, greenish color.
3. Burning in stomach, with thirst for large quantities of water, which he threw up immediately.
4. Inclined to lie on abdomen.
5. Mind perfectly calm. Did not seem to realize his danger; said it was hard to kill an Irishman.

I gave him altogether, at proper intervals, 8 ounces solution Peroxide of iron, $\frac{1}{2}$ ounce of Calcined magnesia, and about

a gallon of demulcent beverages. He also took a good deal of milk, which he said made him feel better than anything he had taken.

I ascertained at the drug store where he had purchased the Arsenic, that he had bought half an ounce, half of which, I think, he must have swallowed.

CLINICAL OBSERVATIONS ON VIBURNUM PRUNIFOLIUM.

BY JOHN E. JAMES, M.D., PHILADELPHIA.

(Read before the Homœopathic Medical Society of the State of Pennsylvania.)

MY attention was first called to this remedy several years ago by Dr. F. Sims, of this city, as a very certain cure for threatened miscarriage. Having given it a good trial, and found its reputation in such cases to be deserved, I propose giving three or four cases of the large number in which I have used it successfully.

It is true *Viburnum* has not been without its failures, as every other remedy, but by far the greatest number of trials have been successful; when it has failed, *Morphia sulph.* has stopped the impending danger if anything could.

I have not given it a sufficient trial in dysmenorrhœa to speak as positively as Dr. E. M. Hale and others, yet the results in the few cases in which I have used it have been good, that is, pallative, if not curative.

Mrs. R., mother of one child and the subject of a previous miscarriage, was pregnant about three months when, after jumping from an unusually high car-step, she was attacked with sudden flooding and pain, which continued at intervals for nearly two days before I was called. I found the hæmorrhage very profuse, the pains regular, the os partially dilated. The testimony of the mother of the patient was, that of a certainty the fœtus had passed, but doubting it I prescribed the *Viburnum*, eight drops in half a glass of water, a spoonful every quarter of an hour. Two or three doses wrought material change, when the time was gradually lengthened to two hours; the next morning pain and discharge were both stopped, and in a few days she was about as usual, continued to full time, and was delivered of a healthy child.

A peculiarity of the case, however, was that twice between this threatened miscarriage and the delivery she was attacked with violent hæmorrhage without pain, giving rise to a fear of placenta prævia, but which was evidently caused by a partial

detachment of the placenta. Cinnamon tincture cured both attacks.

Mrs. N., mother of one child and subject of one miscarriage, after a very long walk, was attacked in the night with a free discharge (a gush), followed by pain at intervals and continued flow. Upon reaching the patient in the morning I prescribed rest (which she did *not* take), and Viburnum as before, every half hour; improvement began immediately and continued without any return of the trouble.

Mrs. M., mother of three children and subject of several miscarriages, has mucous dysmenorrhœa and quite frequent passage of moles at menstrual period; was called last June and found the following symptoms: three months pregnant, chills slight, flashes of heat and oppressed breathing, headache, backache, nausea, vomiting; had great gush of blood followed by pains. Viburnum gave immediate relief, and there has been no return since.

I have noticed that the cases which have responded the quickest to the Viburnum are those with the great flow or gush of blood at or near the beginning of the trouble.

A CASE OF CHRONIC NASAL CATARRH.

BY M. FRIESE, M.D., OF HARRISBURG, PENNA.

(Read before the Homœopathic Medical Society of the State of Pennsylvania.)

A LADY aged about fifty years, with a good physique, originally became affected with catarrh, and was treated allopathically two years, with a constant increase of the disease. She had been treated *secundem artem*, according to the usages of the old school of medicine. When I first examined her, in the month of May, 1875, she was in quite a deplorable condition. There was extensive ulceration of the nose, extending into the throat as far down as I could see, and forward over the hard palate, the bones of which were affected so as to cause a throwing off or exfoliation of a portion of these bones. The patient could not take any food except a little thin gruel, in consequence of the great pain produced by the act of deglutition. She was considerably emaciated, and more or less fever was present every day, followed by perspiration at night. All her symptoms taken together presented an unpromising condition. In consequence of her having been thoroughly medicated with various drugs, including Mercury, I commenced the treatment with *Hepar sulph.*³, at the same time

forbidding the use of any local or topical application. Not even water was allowed to be applied to the affected parts. Improvement commenced very soon, and continued regularly until the end of the year, when she was about as well as ever. She could eat all kinds of food, had regained her strength, the ulceration was cured, the secretion of mucus, of which there had been a great deal, of a greenish-yellow color, with offensive smell, had ceased. In short she was entirely well.

I attribute her recovery as much to the non-application of any local remedy as to the Hepar sulph. There is no doubt but that the Hepar antidoted the allopathic drugs, and had a specific relation to the case, but I doubt very much whether it could have cured it, if the local irritation had been kept up by topical treatment. I think that no case of catarrh or ozæna can be cured by local treatment, inasmuch as the mucous membranes want perfect rest from all irritating influences. The nasal douche, even when used simply with water, is hurtful.

CASES FROM PRACTICE.*

BY DR. CARL KOECK.

1. A WOMAN came to the dispensary saying, "I am sick for the last three months and nothing has done me any good. I lose flesh daily though I have an enormous appetite; my thirst cannot be quenched, and I pass so much urine that the vessel has to be emptied several times during the night." The diagnosis of diabetes was easy enough; heart and lungs were perfectly healthy, and she complained of no pain whatever. On account of the "thirst especially at night" I thought of Arsenicum, but as Prof. Buchner and myself had just proved Uranium nitricum, and as I had just before me a vial with a solution of $\frac{1}{8}$ grain Uran. to 1 ounce water, I mixed two drops from this vial with 1 drachm Alcohol, and told her to take three times a day two drops in a spoonful of water. No coffee, no bread, but plenty of meat, with stewed fruit. She had a perfect disgust for beer, as it increased her thirst, and only drank water. After two weeks she reported great amelioration, the enormous appetite and thirst had steadily decreased, only she still passed nearly the same quantity of urine. She was ordered to take two drops morning and evening. After another two weeks not a trace of sugar could be

* Translated by S. Lilienthal, M.D., from the *Int. Hom. Presse*, IX, 4.

detected ; she feared to become dropsical as she passed so little urine, but felt well every other way. For her emaciation she took some China¹⁰, and soon was able to attend to her household duties.

2. In an epidemic in the village of Holzkirchen the regulars lost nearly every case. A laborer from there came to the dispensary, bringing with him the urine of his little boys, 3 and 5 years of age. He said the children were as well as ever the day before, complained that day of terrible heat over the whole body, with great thirst, were restless and threw themselves about day and night. Many children had been taken just in the same manner and died on the fourth day. We could not find out the cause of this epidemic ; the children complained of no pain, there was no cough or hoarseness, no diarrhœa, nor any eruption. Examination of the urine revealed large quantities of albumen. Buchner's "*Morbus Brightii*," which is so often my guiding star, was studied for the remedy which might cover this epidemic. Of all remedies such as Phosph., Cupr., Aurum, Digit., Bry., Hell., Dule., Colch., none suited better than Arsen., but I did not choose the arsenious acid but preferred Kali arsenicosum, because Buchner praises this preparation where the heart and the intima of the arteries are affected. I gave it in the 4th centesimal solution, one drop in some water every two hours. I thus treated 27 cases and all recovered. As I now visited the village I could examine my little patients more thoroughly. In all of them there was severe fever with a temperature of 40° C. and without any remission ; great restlessness and jactitation, and in every case albumen in the urine ; auscultation revealed undefined breathing with slight bronchial catarrh ; the heart beat strongly, nearly audible against the wall of the thorax, the first sound greatly increased. After using Kali arsenicosum three or four days, the fever decreased and an eruption broke out, first on the chest, then ascending and descending on face, abdomen and extremities, somewhat like scarlatina, but of a paler color. The medicine was continued and the children kept warm. After about two weeks perfect health was restored. One boy of five years suffered from diphtheria, but the same epidemic remedy also cured the diphtheria. In some cases, from sheer desire for trials, I gave Hepar sulphur., in others Arsenicum, but neither remedy responded so promptly, and I always had to return to my first choice, the Kali arsenicosum.

3. The wife of the doctor, coming home from a concert,

was suddenly taken with colicky pains from the navel downwards, radiating to the right and left; no pain in the upper region of the abdomen. The pains were an undefined cutting pain, alternating with spasmodic constriction; the abdomen could not be touched; she could not stretch out her limbs; lateral position increased the pain. She could only lie on her back, but was very restless on account of the continued chilliness; pulse suppressed; excessive thirst; after a few hours of suffering, vomiting and diarrhœa set in, and collapse threatened. After the failure of the usual remedies, Dr. Quaglio was called upon, and he sent his card with the words *Cuprum arsenicosum*³, every ten minutes a drop. After an hour the chilliness ceased, warmth returned, diarrhœa and vomiting ceased, and towards five in the morning she fell into a quiet sleep. Pressure on the abdomen pained still for some time, nor could she comfortably stretch out her legs. Considering this as a symptom of exudation she took Sulphur³, and she could leave her bed after two days. Dr. Quaglio remarked that this drug ought to be kept in mind in cholera epidemics, and that he found it nearly specific in similar affections.

MELILOTUS OFFICINALIS.

BY DR. OZANAM.

(Translated by S. Lilienthal, M.D., from the Biblioth. Hom., Paris, Jan. 1877.)

IN the *United States Medical and Surgical Journal*, April, 1870, Dr. G. W. Bowen published a proving of *Melilotus officinalis* (sweet clover), and found among its principal features violent congestion of the head, frequent and profuse bleeding at the nose, dry cough, palpitation of the heart, extreme nervousness, irritability, forgetfulness, confusion of thought, and relaxation of the bowels. He gave it in over a hundred cases for nervous, sick and congestive headaches, and for neuralgic pains in the limbs, and he found its action almost instant and permanent. For two weeks he treated a poor monomaniac, who insisted he had a devil in his stomach that was continually disputing and contradicting what he said. He is better and more quiet, and to-day tells me he has not much trouble with his stomach.

Ozanam gave *Melilotus* to a child of seven years, suffering severely from febris typhosa stupida. It was already in such a state for the past fifteen days, deaf, dumb, immovable, nearly without pulse, involuntary colliquative diarrhœa, mixed with

blood. The child failed to recognize anybody. *Melilotus*, first trituration, dissolved in a glass of water. Five minutes after having taken the first spoonful the child raised its head easily, recognized its father and wanted to call him, but could not get the word out. Only gradually hearing and speaking returned, and in fact the child had to learn speaking, as it were, anew. Just as in Bowen's cases, *Melilotus* had as a characteristic the rapidity and instantaneity of its action.

Ozanam also prescribed it in two cases of relapsing mania. In one case it cured the case, and three years since passed assure the cure to be permanent. In another case it failed.

We ought also to prove *Melilotus coeruleus*, whose perfume is so penetrating and tenacious. It grows wild in Bohemia and Silesia, where they use it as a tea, and Mathiole affirms that it causes and cures photophobia and clouds before the eyes.

ALLEN'S MATERIA MEDICA.

BY E. W. BERRIDGE, M.D.

I HAVE just received the fifth volume of the above work, and find that Dr. Swan's provings of the various kinds of *Milk* are unceremoniously left out, and I have been informed that this omission was not accidental but intentional. As a subscriber from the first to this work I must enter my most emphatic protest against any such omission. It may be that Dr. Allen disbelieves these provings. Be it so; but I would respectfully suggest that he has no *right*, either legal or moral, to omit provings given in good faith from an *Encyclopedia of Pure Materia Medica*. Many years ago the Hahnemann Publishing Society was founded, and one of the first works issued by it was the *Pathogenesis of Kali Bichromicum*, in which so many symptoms were arbitrarily omitted because they did not accord with the views of the compilers, that the work became a *caricature*.

When Dr. Allen announced his intention of editing an *Encyclopedia*, we gladly hailed his proposed work as one which would be complete up to date, and, trusting to his promise, we subscribed for it. As volume after volume appeared, and we found that Dr. Allen (doubtless to the great indignation of the "physiological school") did *not* omit *Cimex* as "disgusting," nor Houatt's provings as "manufactured," nor Nenning's as "unreliable," we began to hope that our desire would be accomplished, and that he would from beginning to

end feed us with strong meat fit for men, without following the practice of certain former compilers of chewing it first and administering to us only selected fragments. It is disappointing now to find that he has gone back to the old erroneous method of arbitrary exclusion and selection.

In *U. S. M. Jour.*, vol. 4, p. 573, I published a short proving of *Indium metallicum* on myself and another by Dr. Walker. The latter appears in the *Encyclopedica*, but the former is for some reason or other omitted. Under *Lachesis* I can find no mention of the valuable provings of Fincke, published in *Hahnemannian Monthly*, vol. 1, p. 341, and *North American Journal of Homœopathy*, vol. 16, pp. 93-108.

In *American Homœopathic Review*, vol. 3, p. 552, is a valuable paper on *Lachesis* by Lippe. In this paper (p. 554) two symptoms are mentioned which I cannot find in Allen; they are, "Pressing through the whole head with catarrh and a stiff neck," and "Erysipelatous inflammation of the left cheek, under the eye," etc., etc. This last symptom I have confirmed clinically, as I have also one of the symptoms given by Fincke. Why are they all thus unceremoniously omitted?

REPLY BY DR. T. F. ALLEN.

WHEN Dr. Berridge asserts that we, as editor, have neither legal nor moral right to reject anybody's MS. proving, we must differ with him. We are bound to include all *published* provings, unless fraudulent; but we claim perfect liberty to reject manuscript.

I. Dr. Swan, with characteristic kindness and courtesy, sent us manuscript provings of the milks (*Lac caninum*, *felinum*, *defloratum*, *butyraceum*, and *Saccharum lactis*). A careful examination of the first one decided us in rejecting them all for the present. Dr. Laura Morgan took *Lac caninum*, one dose of the "cm," and *observed symptoms during the eighteen months that succeeded*; these symptoms are desultory and lack any characteristic by which they could possibly be attributed to the effect of the dose taken; we assure our readers that we have examined the symptoms without prejudice, and are unwilling to assume the responsibility of giving them a place in the *Materia Medica*, whence they would find their way into repertories, and be used, perhaps, with the effect to prolong suffering and disgrace homœopathy *by failing to be verified*. This course has had the approval of several in whose judgment we have confided.

II. We are accused of omitting Dr. Fincke's "provings" of *Lachesis*, as published in *Hahnemannian Monthly*, 1, 361, and *North American Journal of Homœopathy*, 16, 98. They consist of symptoms observed in the sick after the administration of *Lachesis* ("cm"); they are not provings and cannot be admitted.

III. Dr. Berridge's proving of *Indium* appeared too late (Dec. 1876) for the volume, which was already in the printer's hands. Where Dr. Bell obtained Dr. Walker's proving from we do not know. Dr. Bell sent us the manuscript of *Indium* several months before Dr. Berridge published his proving.

IV. We are falsely accused of omitting two symptoms of *Lachesis*, the two quoted by Dr. Lippe in the *American Homœopathic Review*, 3, 552. The first symptom is incompletely rendered by Dr. Lippe: "*Pressing through the whole head with catarrh and stiff neck.*" The original, to which Dr. Lippe refers, *Arch. f. Hom.*, xiii, 1, 165, reads: "*Pressure in the vertex and temple, as with knives and forks; extending through the whole head, with catarrh and stiff neck.*" It is accurately given in *Encyclopedia*, symptom 186 (compare S. 333, also taken from Hering). The second symptom referred to as omitted is S. 1360 of the *Encyclopedia*, inadvertently overlooked by Dr. Berridge.

CORRESPONDENCE.

DR. MILLER'S REPLY TO DR. DOANE.

MR. EDITOR: On account of delay in the publication of the *Hahnemannian Monthly*, the March number is only just received.

I notice that it contains a somewhat amusing communication from my particular friend, Dr. W. C. Doane, charging me with various and sundry sins either of omission or commission. Let us see whether these serious accusations have any substantial foundation.

The Doctor makes a great ado about the Secretary's report of the Central Society meeting in December last; his complaint being published in an epistolary form in a medical journal. It is customary to correct errors in the Secretary's report when read at a subsequent meeting or before the Society; but at the following meeting in March, no objection was made to the minutes, and the Secretary's report of the

December meeting contains as good a synopsis as he was able to make.

The Secretary has no recollection of ever admitting the *completeness* of Dr. Doane's reply to Dr. Boyce's challenge, because he *never believed* any such thing, and he did not intend to flatter his friend's vanity in regard to the latter's remarkable skill and versatile genius as a medical writer. The Doctor's answer was perhaps *plausible* and *ingenious*, nothing more. And, so far as the Secretary can learn, the general opinion of the members who were present corresponds with his own. Dr. Boyce says he made no comments on the paper because he thought it deserved none.

The Doctor claims that "he was surprised at my unexpected reply to his article, which was strictly confidential." It is news to me that his article, designed for publication and read for my edification, was in any sense confidential. Since the December meeting he has, as usual, appeared to improve his opportunities to edify me by reading his astonishing literary productions. This is singular, if he really felt that I had once violated his confidence; and it is more singular that he should, as he asserts, have treated the matter as a joke, especially when the joke was perpetrated at his own expense. After the papers were read at the Central meeting, he seemed pleased at my proposal that both papers should be reserved for the clinical bureau of the State Society, of which I was then chairman. It was understood that a brief synopsis would be made for the *Hahnemannian Monthly*. But there could have been no violation of confidence, since the Secretary *did not reply* directly to Dr. Doane's paper, nor even mention it in his article. The subjects of the two papers were entirely different, or rather they were different after the Secretary supplied a subject for the Doctor's article. The good Doctor appears to write about as well without as with a subject. After the portentous birth of this literary prodigy, the Secretary, in his enthusiasm, acted as godfather, naming it "The Pathological Effects of Aconite," and the *anxious parent* need not fear that his bantling received the wrong name; whereas the Secretary's paper was entitled "Aconite in Typhoid Fever," and it was intended as a reply to Hempel, the *fons et origo* of our friend's medical inspiration. To prove that the Doctor follows in the wake of Hempel, he eulogizes the latter as "second to no other teacher or author." Some homœopaths prefer such authorities as Hahnemann, Hering, and Dunham.

The Doctor labors under a great misapprehension when he assumes that the Secretary's synopsis of the report on Aconite did not include both the *verbal* and written reports.

Dr. Doane denies that he said anything about his use of Aconite in typhoid fever, when he read his paper at the Central meeting. In his remarks he stated that "thirty years' experience with Aconite in typhoid fever had convinced him of the great utility of this treatment, and that one fact is worth more than all the theories in the world." The great theorist now suggests that if he ever spoke of Aconite in typhoid fever, it must have been at some other meeting! Rather a cool statement this. The Secretary made a careful report at the time, and he did not, like the Doctor, draw upon his imagination for material. Most of the members present at the time, who have been consulted, agree that the report is correct. At the previous meeting in September, the Doctor also stated that "he used Aconite in typhoid fever to reduce the inflammation of Peyer's glands, and to reduce the general inflammatory condition."

He states that I had his paper in my hands *several months*, until the meeting of the State Society, as if it required so long a time to prepare a synopsis or reply. It lay with the other bureau papers, scarcely disturbed until just before the meeting of the State Society. When the Doctor handed me the paper he said that he did not know whether he could attend that meeting. But when he decided to attend, the paper was returned that he might read it himself. The Secretary did take considerable pains to make a creditable synopsis, which, for the sake of brevity, referred both to the paper and the accompanying speech. But on account of the Doctor's great verbosity, this was not an easy task to perform, as the Assistant Secretary found when he vainly made the attempt.

In regard to key-notes, the Doctor admits that he stated substantially what was reported of his remarks. According to his attempted denial and explanation, he did say "that key-notes are *dangerous*, unless they lead to a thorough knowledge of the drug and its ultimate effects upon the organism, etc." Pray what are these "ultimate effects" but pathological conditions? And the Secretary quoted him as follows: "Key-notes are valuable only as they lead to pathological conditions."

At the Albany meeting it was very good of the Doctor, as he claims, "to allow me an opportunity to discharge my ponderous artillery" at him. But really I never suspected that

the size of the game required the use of very heavy guns to bring it down.

After the irrepressible Doctor enjoyed an opportunity of presenting his great pathological compilation, and of spreading himself in some general remarks, he says: "Dr. Miller's paper was again produced," as if it were strange for the chairman of a bureau to produce a paper according to previous agreement. And if my paper "appeared improved by months of toil," as the Doctor represents in his grandiloquent style, his contribution sounded as well on a second reading as could have been expected. This was partly due, no doubt, to his stentorian voice, of which he is so justly proud. And he boasts that he wrote his paper in the brief space of two days, which no one could dispute, for the contents indicated unmistakably that it was a hasty production.

The Doctor also claims that the Secretary suppressed or omitted to mention all his authorities except Hempel. The Secretary replied only to Hempel. And some of these pathological reports were deemed unreliable because based upon the inspection of a single case, or they were considered of little or no practical account.

The Doctor is as happy as he is prolific in captivating figures of speech. His comparisons generally are absolutely stunning; for instance, "his articles, which had no more to do with typhoid fever than did Dr. Miller's opinion with the settlement of the Florida vote," etc.

"For rhetoric he scarce could ope
His mouth, but out there flew a trope!"

He is equally apt in his interesting historical allusions, for example, that about Alexander the Great. And his felicitous allusion to Jacob proves that he possesses a remarkable talent for quoting Scripture, which may perhaps be accounted for when it is remembered that he once assumed the rôle of exhorter in the benighted South.

Yours, truly,
H. V. MILLER.

SYRACUSE, May 4th, 1877.

REPLY TO DR. H. RING.

IN the March number (1877) of the *Hahnemannian Monthly*, page 403, I find what purports to be a correction of a conversation between Dr. Ring and myself that occurred in my

office in 1865. Before attempting to make the correction, the Doctor candidly acknowledges that "I do not remember what we talked about, much less the language I employed."

With all due respect to Dr. Ring, I would candidly ask him if he does not think that a man who had been eagerly seeking information relating to a particular subject, would not be much more likely to remember the substance, and even the very words, of what he regarded as an instructive conversation on that subject than the narrator?

It is true that ten years had elapsed after the conversation before I penned the article published in the *Investigator*, but the only thing at the time that I was "not sure" about was the name of Dr. Ring's former partner; but the more I reflected about it, the more vivid the recollection became that it was Dr. Davis, and I so gave his name in the *Hahnemannian Monthly* without any qualification.

I understood Dr. Ring to be giving me a synopsis of Dr. Davis's experience and advice to him, soon after locating in Natchez; he also added that "Dr. Davis *used to make* (or at one time made, I forget which) an extract of the Eupatorium perf." Now here is where I may have made a mistake. I very naturally concluded that if Dr. Davis had so little confidence in the efficacy of potentized remedies, and had great confidence in the efficacy of Eupatorium perf. (as Dr. Ring informed me), and had prepared an extract of it, he used it; but the preparation and use of the extract may have been previous to Dr. Ring's copartnership with him.

ELIAS C. PRICE.

BALTIMORE, MD.

HOMŒOPATHY AS A SCIENCE.

BY E. A. FARRINGTON, M.D., PHILADELPHIA.

(Read before the Hahnemann Club of Philadelphia, April, 1877.)

THE art of medicine claims great antiquity, but the science of medicine yet awaits a discoverer.

More than a century ago, Hahnemann's labors initiated the genuine art of medicine. But not one of his *theories* has ever stood the test of experience. What he stated as *facts* stand as firmly now as when they were promulgated. But science, defined as knowledge "methodically digested and arranged," was never aided by his theories. Where has he consistently explained the law of cure? Was his psoric theory

scientific? True, the facts announced in his *Organon* as to the way to treat the sick, how to select and change the remedy, to make provings, etc., are undoubtedly correct. Equally true is it that remedies acting from within out, from more to less vital parts, will be most likely indicated in chronic diseases. But his itch hypothesis is readily disproved.

The same applies to all subsequent attempts at establishing homœopathy as a science.

Why is this? Is it because homœopathy is *not* a science? No. It is because genuine science does not appear at the present day. It is because investigators are plunging more and more deeply into materialism.

Darwin's inexcusable offence does not consist in his promulgation of the absurd theory of the origin of man, but rather in the antispiritual direction of his whole line of study. With an utter contempt of revelation, he manufactures the moral sense of men out of the necessities of their living together peacefully. And yet we know that true morality springs *not* from man but from heaven.

But Darwin is not an isolated example of falsity in science. Huxley and Tyndall, Proctor, and indeed the entire corps of investigators from A to Z, turn their conceited minds earthward only, and so learn nothing of higher import than what appertains to the plan of their senses.

Now the same pall overhangs homœopathy. Hahnemann did not belong to the materialistic school. To him the plant or root from which he made his tincture was not inert matter alone, but contained a living principle which was not nature but life. He knew that he was dealing with forces which transcended his natural senses, except in so far as their activities were displayed in their workings through matter. Hence his studies led him to the process of potentization of drugs. These are not claimed as spirit. We cannot escape from matter while we are in this world. So his method did nothing but rid spiritual forces of weighty matter, allowing them to act in the finest particles of matter only. Thus disinthrall'd, his remedies were free to act above the crude laws of physics, independent of gravity and of chemistry, but still within the bounds of matter.

We are gifted with remedies then which obey laws new to the physician. Their subtle movements are marvellous to him who has been accustomed to the more superficial phenomena of philosophy, chemistry, etc. He was wont to investigate drug action from his standpoint. He saw in a very

general way, that certain medicines influenced certain functions or organs, and so constructed a chemico-physiological *materia medica*; one full of fallacies, because even what of truth it contained was perverted by misapplication.

The danger which threatens our system of medicine lies in the fact that we are being dragged into materialism. We are so wedded to allopathy that we cling with obstinacy to her false and crude notions. We seem to think that homœopathy rests on allopathy as does a house on its foundation; and when we feel insecure in the superstructure, we descend to the cellar for aid. There is not one single truth in allopathy *per se*. If there is, then just to that degree is our school false; for the two are diametrically opposite.

But, it may be asked, is there no truth in pathology and diagnosis, in the physiological investigation of drug effects, etc.? Emphatically no, *as sciences*.

To clearly apprehend the truth of this statement, we must acquaint ourselves with the genuine doctrine of order in nature.

Generals are formed of particulars, the latter being incomparably the most important.

Take, by way of illustration, the human body. In a very general analysis, it is composed of organs. Each organ is made up of tissues. Each tissue is divisible into molecules. Beginning with a single organ, as, for instance, a muscle, we find it composed of fibres, these of fibrillæ, and each fibrilla of smaller parts. As we pursue our analysis, we still find each microscopic portion a minute effigy of the whole. But just as in the potentized medicine, so here the properties of the muscle are discovered much more clearly, and are seen to be numerous and quite different from what the undivided muscle would exhibit. We are accumulating particulars, and find them more and more complex as we advance.

The same applies to the practice of medicine. It is not alone sufficient to learn the general range of action of a drug or an outline of a disease, but also and pre-eminently the peculiarities of each. These when discovered so far outweigh the rest, that they must be used in every accurate prescription.

Pathology, as dogmatically taught, is not true. Arbitrary boundaries are given to diseases, and this artificial production is definitely named. Such a process of thought is too general to be practical and too superficial to escape the fallacies of appearances. A synthesis is correct only when its component

elements are. Baptisia develops a picture of typhus; Arsenic of cholera Asiatica; Bryonia produces pseudo-membranes, etc.; but unless analysis reveals the individual symptoms in these cases respectively, the conclusion is vague and uncertain.

Objection, it will be seen, is not raised against pathological *facts*, many of which are true, but to the manner of their construction into a science.

Such facts enable us to interpret symptoms, and place some estimate on their relative value. They aid in the forming of the "totality." They assist in forming a prognosis. That they only *assist*, however, is because the course of a disease, subsequent to a homœopathic prescription, is not the unqualified course it would pursue unmodified. A typhoid patient, for example, might exhibit an unmitigated fever, with evening exacerbation, bloody stools and tympany. But if, after the similitum, the mental symptoms lessen, or the latest become less intense, our prognosis is qualified thereby, despite the gravity of the remaining symptoms.

Schüssler's offence does not consist in understanding physiology and pathology, but in dragging them into therapeutics and in recklessly *misapplying* them. Had he, at the suggestion of physiology, *proved* his twelve remedies, he would have acted rationally and effectively.

All medical questions find confirmation or refutation before the test of the laws of the *Organon*, not before allopathic hypotheses or homœopathic adoptions from the old school. Indeed we may go farther and assert that physiology itself must be tried before the same tribunal; for is not living power superior to the lifeless disclosures of the dissecting-knife or the torture-born phenomena of vivisection?

That pathology as at present taught is arbitrary is quite evident. A child suffering from membranous croup received, by the advice of the consulting physician, Belladonna. To the astonishment of the attending doctor the laryngeal spasms ceased, and the child rapidly recovered.

Now, in the language of pathology, croup is an inflammatory affection attended with the formation of a pseudo-membrane. Transferring this definition to therapeutics we must prescribe a drug which causes a false membrane. Teste says give Bryonia; Baehr and Kafka, Iodine, because of their pathological relation. But such teachers are just the drags who would tie us to allopathy. The attending physician in the case quoted agreed with them, and but for the genuine

prescription of counsel the little sufferer would have fallen a victim to their eclecticism.

It is true that there was a pathological condition in which the Belladonna state closed, namely, the spasm of the glottis; but this state was not determinable from the arbitrary study of croup, but from the analytical study of the individual case. Thus was formed a correct synthesis.

It is not so that our first duty is to our patient. Our first duty is to the truth, which, when loyally served, best enables us to do the greatest good to the sick.

We must learn the undiscovered rules that regulate the profound workings of our potentized drugs. We must extend our knowledge of the relations of remedies. We must study physiology from our new standpoint.

To aid us in our labors, to at least start us in the right direction, we must rationally comprehend and apply the rules which Hahnemann has left us.

This unwholesome fidelity to the researches of the old school is the legitimate result of materialism, which believes only in the tangible. It obscures thought and throws doubt over all interior mental operations.

So long as we keep our minds bound to the vague generalizations of the allopaths, we will never advance one step forward, and will, sooner or later, utterly discard what has already been taught in the *Organon*.

The only hope for genuine medicine is in the unprejudiced investigation of high potencies. It is in their study that we shall find the complex phenomena of diseased processes—phenomena which will show pathology as now taught to be a tissue of fallacies, however true are its disjointed facts.

Until our united efforts tend in this direction, we need not hope for the establishment of homœopathy as a perfect art, much less as an exact science.

AURUM IN NASAL CATARRH.

BY LUCIUS D. MORSE, M.D., OF MEMPHIS, TENN.

(Read before the Homœopathic Medical Society of Tennessee.)

SOME two years ago a gentleman came to me in deep distress. Said he, "My brain is softening; I am losing my mind, going crazy, becoming hopelessly imbecile or something of that sort, I hardly know what."

He was the picture of despair, and I really thought from his appearance that something serious was the matter.

"I never thought a man could be so utterly desolate and melancholy," he continued. "I feel like putting an end to the whole business by jumping into the river, or blowing out my brains, that is if I have any left."

And then my visitor went on to tell me in still stronger language how imbecile he seemed to have become. Everything irritated him; he seemed to have as little control over himself as a child. Ambition and energy were utterly gone; trifling annoyances affected him even to tears. Memory was impaired, and he was unfitted for business.

A little inquiry brought out the fact that he was suffering from secondary symptoms of syphilis for which he had repaired to a popular health resort, and was even now taking medicine which his physician there had prescribed. He feared that the disease had not been eradicated, and fancied that it had attacked the throat and bones of the nose, as he had a terribly offensive watery discharge from the nostrils and posterior nares and gnawing pains in the bridge of the nose, all of which symptoms he said came on during the preceding three weeks.

I asked to see the medicine he was taking. He pulled out a box of pills, and remarked upon their expensive character, a chief ingredient being Gold. I examined one of the pills, and with the naked eye small particles of shining goldleaf could be readily seen. A crude trituration of *Aurum metallicum* had been made up into pill form, and the patient had already taken about two dozen of them in the course of three weeks. The mystery was solved. "My friend," said I, "I have to thank you for introducing to me a splendid proving of Gold. Your case illustrates the physiological action of the metal in perfection. Set your mind at rest as to your present wretched condition. Stop the pills, and you will soon be well again."

He did as I directed, and in a fortnight the whole train of distressing symptoms, melancholy, terrible forebodings, thoughts of suicide, headache, catarrh, nervous prostration, loss of appetite, etc., had disappeared.

This case impressed me strongly with the applicability of Gold in nasal catarrh. I never forgot the lesson.

How frequently is the practitioner confronted by those discouraging cases of ozæna, with dripping discharge, distressing frontal headache, and the most inveterate and profound

melancholy, amounting in some cases to actual loathing of life. Well may the physician as well as the patient despair, if he does not know that in *Aurum* he has a remedy which is often able singlehanded to dominate and subdue this diseased condition.

Do not expect a miracle. You will be disappointed if you do, but go systematically to work upon cases of this sort with *Aurum*. Commence with the third decimal trituration, and be sure that you have an article which has been worked on faithfully and not slighted in its preparation. Give a powder of two or two and a half grains morning and night, and watch the effect. If there is no perceptible modification in the symptoms in eight or ten days, go up to the sixth decimal trituration, and proceed as before. If there should be improvement during the use of the lower preparation, continue it at longer intervals, say once a day for five or six days, then every other day, then every three or four days, and finally once a week. If improvement ceases, have recourse to the higher attenuation mentioned, giving a dose morning and evening as at first, then afterwards only once a day, then less frequently until at last only one dose a week is administered.

Following out this plan, I have seen some brilliant cures effected in the course of a few months.

Let not the physician make the mistake of giving *Aurum* in those cases characterized by a bland yellowish or whitish discharge, which are seldom attended by the marked mental symptoms mentioned above. Time would be lost, and no good accomplished. Here Sulphur, Mercurius, Kali bichromicum and Hydrastin will generally be found indicated.

I may remark further that *Aurum* is useless in cases of acute catarrh. It finds its proper field in those degenerated conditions of the nasal mucous membrane when a thin, watery, perhaps greenish discharge oozes out without very marked inflammatory condition of the parts.

In caries of the bones of the nose I have never seen any benefit arise from the use of *Aurum*. A case which I have under treatment at this writing characterized in a marked degree by its peculiar mental symptoms took it for a considerable time without benefit.

CASES TREATED WITH SCHÜSSLER'S REMEDIES.

BY DR. CARL KÖCK.

1. A PATIENT had singultus about thirty times in a minute, so that the attending physician became alarmed, as Stram., Hyosc., Ars., Tabac., Niccolum, had failed to give relief. A few doses Magnesia phosphorica removed the trouble.

(Schüssler considered this salt of magnesia to act quicker, and of being more safe. It is a medicine for the nerves, being for them a nutritive as well as a function remedy, and relieves many neuralgic affections in the stomach and intestines, which are ameliorated by bending and warm applications.)

2. Four allopathic physicians had already treated a countrywoman without the least relief. Their diagnosis was, a chronic rheumatic affection of the muscles of the neck, shoulder and upper arm, on the right side, with paresis of the right arm. They had used diaphoretica and Opium, Laxantia, Camphor, and Opodeldoc, innumerable salves, blisters, Baunscheidtismus, Morrison's pills, but three months' suffering was the only result. The cause of it was probably suppressed perspiration. We found the neck inclined to the right side, motion of the right arm impossible on account of the pain in the shoulder and scapula, in the fingers a sensation of deadness with loss of power. The pressing pains are constant, only somewhat relieved by dry heat or the sun; she cannot bear to have her dress fitting tight, nor can she lie on the right side. Aggravation at night hardly felt, no fever, the other functions normal. I knew very well the favorable action of Ferrum on the deltoid muscle, and of Phytolacca where the insertion of the muscles in that region is the point affected, and that Cimicifuga acts well on the capillaries; but all this suits only acute cases. We had to deal here with a chronic case; the pressing pain proved the presence of an exudation. Sulphur and Kali muriaticum possess the power of causing absorption of plastic exudations. She received, therefore, Kali mur.¹⁰, 20 pellets in 6 ounces distilled water, to take two tablespoonfuls three times a day, and as improvement set in the dose was reduced, so that she finally took only a teaspoonful once a day, and after four weeks' treatment she could be discharged cured. (Kali muriaticum is Schüssler's grand remedy for exudations and hæmorrhages, in the second stage of inflammation, after exudation takes place; but we see that Köck reserves Sulphur where the former should

fail. We must have a proving of this drug, as neither Allen nor Hering mention it. Lippe gives us a short résumé (*Mat. Med.*, 333); but we find there only rheumatic pains, cramp-like drawing and twitching mentioned, with coldness of the extremities, a symptom so often found in paralytic states.)

TREATMENT OF DIPHTHERITIS WITH HYDRARGYRUM CYANATUM.

BY A. ERICHSEN.

IN order to shorten the morbid process, inunctions with gray mercurial ointment have been used and discarded, because the quantity of mercury taken up by the body could not be decided upon with certainty. Internal mercurial treatment disturbs digestion and nutrition, of such importance in the management of diphtheritis; but there is one preparation, Hydrargyrum cyanatum, which in small doses does not affect the intestinal tract, even when given for a long time.* Erichsen gave it to children of seven months, and to grown persons of twenty and thirty years. All bear it well, and he cannot claim the same successful treatment from any other drug. In a short time the membranes become thinner and looser, so that even in cases where the process passed into the larynx, and laryngostenosis with cyanotic color of the face was already present, the membranes were discharged and the obstruction removed. Externally only hot sponges were applied. All pencilling and gargling are thus done away with, although he still uses (perhaps from habit), once or twice, Iodine on the affected parts in order to localize the affection. The dose differs according to age: children under three years, $\frac{1}{8}$ th of a grain; older children and grown persons, $\frac{1}{4}$ th of a grain hourly during the day, every two hours during the night. The form is: R. Hydr. cyan., gr. j; Aqua dest., ʒvj; Syrup. simpl., ʒj. Mis. Every hour, one-half to one teaspoonful. Of twenty-five cases thus treated he lost three, one from cardiac paralysis, one from suppurating parotitis, and one from meningitis; but even in these cases the local disease was gone.—*Translated by S. Lilienthal, M.D., from the St. Petersburg Med. Wochenschrift*, 14, 1877.

* It was given several times to syphilitic children of one year, with the best success, in doses of $\frac{1}{8}$ th of a grain three times daily, without disturbing digestion.—S. L.

A physician of the name of Dr. Villers also lives in St. Petersburg, but most probably Dr. Erichsen never heard of him, and it is a mere coincidence that he also discovered the value of Cyanuret of mercury in diphtheritis. Oh, you allopathic physicians, when will you become honest enough to give every man his own, or to acknowledge that some good can come even out of Nazareth! There is also Prof. Volkmann issuing his most excellent *Klinische Vorträge*, and publishes in one of them the tirade of Prof. Juergensen against homœopathy, wherein Prof. Bakody's name is unfairly handled. But when Bakody wishes to reply in this or other allopathic journals, permission cannot be granted. Fair play, thou art a jewel!

AURUM MURIATICUM NATRONATUM IN ITS RELATIONS TO THE DISEASES OF THE FEMALE SEXUAL ORGANS.

BY DR. TRITSCHER.

As assistant physician of the gynæcological wards I had frequent opportunity to treat female diseases *secundem artem*, but maltreating the patients was not to cure them, and that was about all that my then allopathic practice amounted to. Mercury, Silver, Lead, Copper, Zinc, fluid or solid, they all had played their important part. Only Gold had been forgotten, although Martini had frequently prescribed it in his golden pills.

After embracing homœopathy I studied Aurum, and give it now frequently as Aurum muriaticum natronatum (Aurum natrium chloratum, prepared by a solution of Gold in aqua regia and crystallizing with salt; a caustic preparation which Niemeyer recommended in hysteria and Noeggerath in chronic ovaritis, if not complicated with other affections. Doses, 0.01 to 0.06 (!), only in pills, several times a day).

Allow me to report several cases:

A woman suffered from lingering inflammation of the uterus with prolapsus. Calomel acted well on the inflammation, but produced salivation. The uterus had not decreased in size. The Chloride of gold dispersed this chronic inflammation, and the uterus returned to its normal position. In another case we had to treat an unmarried woman in her climaxis, whose indurated vaginal portion became soft by the use of the same remedy. A third case was a woman with periodic attacks of hysterical spasms over the whole body, with uncon-

sciousness, asthma, palpitation, etc., beginning with a sensation of coldness rising up from the abdomen, which also could be felt by others. Sometimes the paroxysm set in with a stroke horizontally through the occiput. Examination revealed a swollen uterus, not only filling up the lesser pelvis, disturbing defecation and micturition, but the swollen uterus could also be felt above the pubes through the fat abdominal walls. The same remedy, given steadily for seven months, dispersed the swelling, and for years the woman has enjoyed good health.

In another woman I found accidentally with induration of the neck of the uterus a remarkable softening of the posterior wall of the uterus. The result of the treatment with Chloride of gold was that in proportion as the indurated part softened, the softened parts became normal. For three years she had been sterile. After her restoration she became pregnant, and is now the mother of three children.

Making good use of this bit of experience, I prescribed now the same remedy in softening of the atrophic neck of the womb, as well as in softening of the uterine tissue in whatsoever region, and had the satisfaction to see women get pregnant, after strengthening their uterine tissue, who were formerly sterile.

Flexions of the uterus mostly show at the inner angle a more or less decided condensation of the uterine tissue or, but more rarely, a softening of the stroma at the neck or body. I never use here instruments, but remove the condensation or softening at first by the Aurum, and the uterus rectifies its own position. Where simultaneous stenosis of the canal happens I never incise, but use compressed sponge, hardly ever laminaria. In two obstinate cases of long standing the Gold cure was very satisfactory.

Habitual abortus or miscarriage, returning constantly at about the same time, are usually caused by indurations in some parts of the uterus preventing the natural extension, and thus causing the premature expulsion of the foetus. Auro-natrium chlor., given before and during pregnancy, produces absorption of the induration, and enables pregnancy to run its natural term.

Ovarian swellings, reaching up to the umbilicus, can be cured with the same drug. Martini cured five cases of ovarian dropsy by the consequent use of this drug. Ulcers of the uterus and of the vaginal walls, developing themselves from swellings and indurations, even where a cancerous char-

acter was feared, healed, without any local application whatever, by the steady use of Chlor-gold.

Local treatment may remove for the time being the products of a disease, but only internal treatment attacks the diathesis. The disposition to uncleanness can be attended to by injections and irrigation. Chronic congestion and chronic metritis must be blamed for the increased volume of the uterus, engendering at first more vascularization and dilatation, finally imbedded organized products of inflammation. But such products extend hardly ever over the whole organ; they remain limited to solitary parts, and it is not so easily defined what is a benign, what is a malignant, induration. A fair trial with Auro-natrium chlor. ought to be made in all cases, and by patience and endurance we may even succeed where we were not disposed to grant a favorable prognosis.—*Translated by S. Lilienthal from the A. H. Z., 17, 1877.*

POTENCY.

BY COATES PRESTON, M.D., CHESTER, PA.

(Read before the Homœopathic Medical Society of Pennsylvania.)

As the caption of this paper literally implies strength or power, we think it not inappropriately applied; but in deference to those members of the profession who use exclusively the low potencies, we prefer to substitute the word attenuation for potency in the treatment of this question.

The subject of attenuated medicine has long been one upon which the homœopathic profession has entertained the most variable and extreme views. While many have not thought it necessary or important to go much beyond the crude drugs, or at most have confined themselves to attenuations not higher than the third or sixth, others think they have discovered that the superior value of homœopathic remedies, when administered in accordance with the law of similia, consists in highly attenuated medicine. That such extremes exist, is due to a want of more thorough investigation of this subject of paramount importance to the practitioner.

The law of similia does not necessarily require infinitesimal doses for its fulfilment, but homœopathy implies attenuated doses, and the practitioner who discards them is not strictly a homœopathist.

We have watched the progress of attenuated medicine with great interest for more than a decade, and it gives us much

pleasure to find that the tendency is steadily upward in the scale of potency. Hundreds who commenced with the use of tinctures and dilutions from the first to the sixth decimal, now carry only in their pocket-cases the two hundredth and upwards. What are the conclusions to be drawn from this change? Are not careful, intelligent practitioners, who for years have used both low and high attenuations, with equal opportunities of testing the efficacy of both, to be relied upon when they proclaim, with all the confidence which long experience has given them, that the higher attenuations are infinitely superior to the lower in the treatment of every form of disease? Yet medical organizations stumble on this question, and their more conservative members fold their arms with the utmost complacency and whisper in soothing tones, "Let not the subject of potency be touched; this is a matter which concerns not homœopathy, and each member should be left to his own judgment on this question." With the latter sentiment we freely unite; but as medical societies are organized with the view to elicit and disseminate truth on all questions pertaining to medical science, we can conceive of no subject which can lay greater claim to a candid and thorough investigation than the size and attenuation of the dose.

To our infallible law of cure we all agree; to the great value of all our thoroughly proven remedies homœopathic physicians take no exceptions; to the great efficacy of a certain class of remedies in special diseases no one offers opposition, and the improvements in surgery and mechanical appliances all accept with pride, and welcome the authors to the front ranks in our colleges and associations; yet, upon this one question of attenuation, which equally, if not above all others, demands investigation and a proper settlement, we are as wide apart as is the earth from the heavens, while we essay to practice the same system and to be governed by the same principles in the administration of remedies for disease.

The absurdity of the above conclusion is too apparent to go unnoticed, for the physician who gives his drop or ten-drop doses must in this act utterly ignore the strength or efficacy imparted to drugs by attenuation, which *we* hold to be next in importance to the law of similia, and it requires no theoretical argument to fully establish this fact; we only have to consider the wonderful qualities imparted to such inert substances as *Lycop.*, *Carb. v.*, *Nat. m.* and *Silicia* by the process of attenuation. No intelligent physician would be willing to blot one of these drugs from our *Materia Medica*, yet in the

crude form either of them is comparatively useless, but when highly attenuated they become powerful agents in the treatment of disease. No other remedies can supply the place of those mentioned. The two first, when properly administered, often go down to the very verge of the grave and rescue the patient, and the latter have no substitutes in chronic ulcerations, intermittent fever, herpetic affections, etc., and when given in attenuations high enough, their action is marvellous.

Hahnemann taught that disease is a dynamic derangement of the system, so subtle in character as only to be detected by the objective and subjective symptoms of the patient, while he discarded the accepted theory that the diseased organism contained peccant matter to be driven out by strong drugs, as fancied and practiced by the dominant school of medicine. We believe his theory correct, and trust that none of his professed adherents will take exception to it. Admitting this, we cannot hope to be so successful in the treatment of disease with crude drugs as with those highly dynamized remedies which correspond more fully to the dynamic cause to be removed. The divisibility of the drug atoms should be carried to a potency or attenuation which resembles as nearly as possible the attenuation of the morbid disease in order to be most successful; hence we infer that the smaller and more divisible the dose which will effect a drug action similar to the symptoms of the morbid disease, the more certain, gentle, and hasty will be the effect, for the reason that the drug action from a highly attenuated medicine is more penetrating, and on account of the great divisibility of its atoms it more readily assimilates with the diseased organs or tissues, and by closer proximity more thoroughly overcomes the morbid disease; and when the natural disease is driven out or overcome by its similia or drug force, the drug disease readily yields to the natural force, and a cure is effected without those fearful aggravations which not unfrequently occur from the use of crude medicine.

Many theories might be offered and more elaborately dwelt upon to establish the superior efficacy of the high attenuations, but it may be said that theories are not facts, and we admit that they too often go but a short distance to establish scientific truths; nor do we need them in the present case.

The comparative results of a practice with the tinctures and dilutions to the third or sixth, as compared with one where the two hundredth to the highest attenuations are used, giving ten years' experience with each class of remedies, will satisfy

any intelligent physician in reference to the truth of statements made in this paper, and fully convince him of the great necessity of a more thorough and exhaustive investigation of the subject selected for this discussion.

As near as we can estimate the comparative results of such a practice we are prepared to make the following statement, having had about ten years' experience with each class of remedies.

The aggregate period of time consumed in the cure of acute diseases is one-third less under the high attenuations, from the two hundredth upwards, than under tinctures and low attenuations. The suffering of the patients during treatment is also much less when high attenuations are used, and the exposure of the physician from being called at night and at unseasonable hours is greatly diminished, owing to the soothing manner in which the high attenuations act, without producing those aggravations which so often alarm the attendants and cause them to send for the physician, when the cause of alarm is entirely owing to medicinal aggravations.

As it is quite common for physicians who use exclusively low attenuations to doubt that medicinal aggravations occur at all, we only have to say in confirmation of the above statement that since we commenced the use of high attenuations we are not called at night to patients already under our care more than one-third as often as when we used low attenuations, and we are quite willing the doubters should give their own answers to this question.

It is impossible to estimate the relative difference in our mortality list under the low or high attenuations with precision; yet long experience has not left us in ignorance of the fact that it is greatly diminished by the use of highly attenuated medicine, and what is still more to be placed to the preference of the latter, with them we more thoroughly cure our acute cases, such as scarlet fever, measles, and such acute diseases as are liable to leave chronic ailments as a sequel—otorrhœa or deafness after scarlet fever, and chronic cough and hoarseness after measles. With our high attenuations we seldom have these secondary ailments, and if an occasional case should occur we seldom fail to find a radical cure for it among our very high potencies, while we are not ignorant of the fact that many of those cases go uncured by the low attenuations.

In chronic diseases the comparison is still more evidently established in favor of the high. Not only are we enabled to

accomplish more in a given time in this class of maladies with highly dynamized remedies, but we are capable of curing many complicated cases of long standing which cannot be reached with the more crude medicines. No part of our experience is more fully and satisfactorily confirmed than this fact, and we do not step beyond the bounds of well-established truth when we assert that the cases of chronic disease are numerous which are abandoned uncured by homœopathic physicians for want of a better experience with high attenuations.

The experience of a large number of the ablest members of the profession of this and other countries fully establishes the conclusion that to stop short of a thorough experience with the high attenuations is to leave the field of homœopathic medicine only half explored, and to remain but limitedly educated in the application of remedies to disease, for nearly every intelligent physician who has had long experience with this class of remedies, as well as with the low attenuations, is prepared to proclaim that his high potencies have gone further and accomplished more in complicated and apparently hopeless cases than ever did the low, and after years of experience with them he is forced to acknowledge with humiliation that his eyes had been closed to much of the real and wonderful value of homœopathy during his darker days of crude medicine.

As physicians have thrown off prejudice and become enlightened in the use of the very high potencies, malignant and formerly incurable diseases are frequently known to yield to treatment, until such maladies are becoming less formidable, and so much confidence is gained to the practitioner that the line of demarcation between curable and incurable diseases is so far obliterated that nothing short of positive and infallible symptoms of rapidly approaching death can deter the practitioner from his earnest efforts to effect a cure, in which by the use of the many thousand attenuations he is so often successful.

We once thought, when we had a very severe case of acute disease, it was not safe to trust our patient to a dilution higher than the third or sixth. We now know that to give such a dose in a critical case is a dangerous experiment, and we fear too often has driven our patient beyond the reach of all medicine; but in these days of greater light we dare not give such a dose to an apparently hopeless patient. If danger threatens, and we are using the two hundredth potency, we immediately

go up into the thousands, and from past careful experience satisfy our conscience and generally save our patient.

As to the limit to which attenuations may be carried and still retain their pathogenetic effects upon the system, or their agency to cure disease, we are unable to arrive at any definite conclusion, and we believe no one has ever attained this knowledge. It is doubtful whether such a limit exists, since it is impossible to annihilate matter by any process of the divisibility of its atoms, consequently we cannot conceive that drug action can be lost by attenuation.

We have had excellent effects from the millionth potency in cases where the lower attenuations of the same remedies have been used to little or no advantage, and the experience of other physicians corroborates this statement. We shall therefore never grow weary of our ascension in the scale of potency until the ultimatum of drug action is found, so long as a Fincke or a Tafel continues the good work of raising attenuations.

A CASE OF SPURIOUS HERMAPHRODITISM.

BY B. F. BETTS, M.D., PHILADELPHIA.

(Read before the Homœopathic Medical Society of Pennsylvania.)

THE subject of this report was of German birth, aged about 45 years; bore sufficient resemblance to a female to pass for one until about ten years ago; and when at the age of eighteen or twenty had an accepted lover, a male, from whom he received attentions for some time.

Whilst employed as a domestic in Germany the constant opportunities afforded for noticing the conformation of females in the same apartments led to the discovery that their genital organs were differently constructed from his own, and that his sexual appetite was awakened by cohabiting with females, and that by the introduction of a small penis-like body about one inch in length he was enabled to accomplish the act of venery with a considerable degree of satisfaction.

This led to a change of apparel and a contract of marriage with one of his former companions, with whom he lived in the capacity of husband for seven years, until she left him and sought a divorce on account of his deformity. He was again married, and along with his present wife came to the Hahnemann Medical College of Philadelphia. There he was carefully examined by several physicians.

When dressed in man's apparel he appeared as a man.

When dressed in woman's clothing his appearance was that of a coarse-featured woman. Upon close inspection, however, one eye was found to be smaller and milder-looking than the other, the cheek-bone on that side was less prominent, the side of the face was smoother, and altogether effeminate-looking.

The mammæ were both as large as those of many nursing women, but unequally developed, the largest one being on the side corresponding to the effeminate side of the face. The areola was well marked, and nipples prominent. The mons veneris was covered with hair, which pointed but slightly upwards towards the umbilicus. At first view there was no signs of anything but a cleft below this resembling the vulva cleft, one side of which seemed to be more prominent than the other. This side were found to contain a testicle, which is said to have descended at about the twenty-fifth year.

By separating the cleft a diminutive penis came into view in about the usual position for the clitoris. A close examination of this projecting body revealed the fact that the corpora cavernosa, glans, and prepuce were all present, but that the corpus spongiosum was entirely absent. The urethra opened directly beneath the pubic arch, as in the female.

Owing to the absence of the corpus spongiosum and bulb a depression seemed to exist near the orifice of the urethra into which the finger could be inserted for some distance, and there appeared to be an arrangement of muscular fibres similar to a constrictor muscle. Underneath the skin folds, corresponding to the labia minora, were plainly seen, which were lined by mucus-secreting follicles.

No menstrual discharge had ever occurred; but semen was emitted from the urethra, too far back, however, to gain entrance into the vagina of the female.

The case was evidently one of complete hypospadias, with cleft of the scrotum, and contributes indirectly to the study of the formation of the genital organs in the embryo.

THE GALVANO-CAUTERY IN SURGERY.

BY J. H. BUFFUM, M.D., PITTSBURG, PA.

(Read before the Homœopathic Medical Society of Pennsylvania.)

To use the galvano-cautery successfully requires that the surgeon should be to some degree a master of electro-physics; hence it is that this valuable adjunct to our armamentarium

is discarded, after two or three trials and as many failures, by those unacquainted with the conditions necessary for its successful use. The difficulty of managing the apparatus is now, however, diminishing, as the advance made in the perfection of apparatus and instruments for galvano-cautery will soon bring it within the reach of all who are willing to devote the time and study necessary for a proper understanding of any new departure in medicine or surgery.

By galvano-cautery is meant a cauterization by a platinum wire heated by the galvanic current, and is not to be confounded with electrolysis, which is the chemical decomposition produced by the same current. Platinum is used because it offers the greatest resistance to the passage of the electric current, and the degree of heat will be proportionate to the quantity of electricity which passes through it. It is essential that the battery which is used for the purpose should be one in which a large quantity of electricity can be rapidly generated. The electricity is not applied to the body during an operation, but is converted into heat for the purposes of cauterization.

The advantages which may be cited in favor of the galvano-cautery over all others are as follows:

1st. The heat, if the battery is properly constructed, is under complete control of the operator.

2d. It saves all, or nearly all, hæmorrhage.

3d. It can be used on parts that are not easily accessible to ordinary instruments.

4th. It is more sure in its action, and can be more accurately localized, especially in cavities, than the ordinary methods of cauterization.

5th. There is but little pain after the operation, and it is rarely or never dangerous.

6th. It combines the after-cauterizing effect with the other results of the operation, as is sometimes desirable.

7th. It is followed, like electrolysis, by a more satisfactory healing than by the knife or ligature, and, as after electrolysis, there is less liability to pyæmia.

In the following cases here reported, which have been operated upon by Dr. T. F. Frank and myself during the last nine months, the superior advantages of the galvano-cautery have presented themselves.

OVARIOTOMY.

Mrs. M. S., æt. 42, has had an ovarian tumor for two years, but during the last two months the growth has been more rapid, and she was very desirous of having an operation performed. It was decided to use the galvano-cautery in the operation, at least upon the pedicle. The following Thursday, May 25th, 1876, was appointed for performing the operation. Everything being in readiness, the patient was anæsthetized and placed upon a table near the bed. An incision was made in the linea alba, about four inches and a half in length, with the platinum knife heated to an orange-red heat. It may be well to remark here that the knife at a white heat cuts through the tissues like a sharp scalpel and does not arrest hæmorrhage, while with the orange-red you still have a good cutting heat and no hæmorrhage, as the vessels are seared as the knife is passed along. The peritoneum was raised with a pair of forceps, and the separation made by the cautery. After an escape of some fluid from the cavity (there having been some ascites), the cyst was exposed to view. A uterine sound was passed around the tumor and the adhesions found to be slight; the hand was then introduced and the adhesions carefully separated before the evacuation of the cyst. A large trocar, with a rubber tube attached, was introduced into the sac, and two and a half gallons of fluid drawn off. Some further adhesions were now separated, and the surfaces barely touched with the cautery; the cyst was then drawn forward and the pedicle, one and a half inches in diameter, examined. A Smith pile clamp was passed around the pedicle for holding it firmly during the severing of the pedicle. The cautery-knife was then used and carefully passed through the pedicle, and as the vessels were exposed the knife was allowed to rest upon them until they were thoroughly sealed. Scarcely a drop of blood was lost during the operation. The tumor was a unilocular cyst, weighing twenty-two and a half pounds, and contained two and a half gallons of serum. The pedicle was allowed to drop back into the cavity of the abdomen, and, after a careful sponging of the bowels with some of the fluid resulting from the ascites, a drainage-tube was introduced through the vagina and Douglass's cul-de-sac and transfixed in the lower part of the abdominal incision, which was then closed with silver-wire sutures and long adhesive straps. The wound was dressed with carbolized glycerin and water, and twice a day, until the tube

was removed, a solution of the same was thrown into the abdomen and discharged through the drainage-tube.

The patient was placed in bed just one hour and a half after being placed on the table, and as she began to recover from the ether which had been administered, she complained of feeling cold. A couple of doses of Camphor were given her, and she was soon comfortable. In a short time she was able to converse, and complained of nothing except a smarting pain in the wound and some general soreness. Arnica 30th was prescribed, and during the first night the patient slept about an hour. The next day, the febrile excitement running high, Aconite 3d was given, and by night the patient was quieter, and during the night and the next day was quite comfortable, and slept a good deal. The wound healed very readily, and on the sixth day as there had been scarcely any pus discharged from the drainage-tube it was withdrawn, and on the tenth day the wounds were all closed and the patient feeling excellent, eating well and sleeping well. On the fourteenth day after the operation the patient returned to her home near Buffalo, N. Y. This is, I believe, the first case reported in which the galvano-cautery was used instead of the scalpel. Dr. Keith, of London, reports a number of successful cases where the galvano-cautery was used to sever the pedicle.

CANCER.

In three cases of scirrhus of the breast operated upon, one was in January, one in February, and the other in March. The galvano-cautery was used in making the incision, and after the removal of the tumors, the bases were thoroughly electrolized with large flat needles, with a view to destroy the cancer-cells as far as possible. In two cases the glands of the axilla being involved were removed. The wounds in all closed mostly by first intention, but the lower portion was kept open for the discharge of pus from the base. Thus far the cicatrices look very well indeed, and as yet there has been no sign of return of the growth. Whatever advantage there may be in the removal of cancers by this process is due to the cleansing process to which the base is subjected by the electrolytic decomposition.

HÆMORRHOIDS.

There is no method for the removal of hæmorrhoids that presents so many advantages, and is so free from objections,

as that of the galvano-cautery. The patient is etherized, placed upon a table, generally in the lithotomy position, the thumbs introduced into the anus, and forcible dilatation made in the direction of the tuber ischii. The tumors are seized with artery forceps, drawn well down, placed between an ivory-bladed pile-clamp and held by a pair of curved scissors on the heated knife and the platinum "long dome" instrument heated to an orange-red heat and passed over the wound until the vessels are well sealed; or the pile if well separated may be encircled with a platinum wire, which is then tightened and placed in the instrument heated, and the tumor thus removed. If the hæmorrhoids be sessile, or in such a condition as to prevent their being caught in the clamp or allowing a wire to be passed around them, the heated "dome" may be pressed upon them until they are entirely obliterated. The latter process is the mode of operating for the removal of those ulcerations of the rectum that are so often difficult of cure, and also for what are termed mulberry hæmorrhoids, where the piles present raw, blood-discharging surfaces.

After the operation the parts may be dressed with some simple cerate, and the bowels kept quiet for a few days until the parts are healed.

Great care and skill are required in the manipulation, to keep up the heat of the cautery to the proper temperature, and also to prevent the destruction of the surrounding tissues by the radiated heat.

In eight cases operated upon, where the hæmorrhoids were all very large, I have known no bad result to follow in any case. The wounds healed quickly, and there were no symptoms of phlebitis, pyæmia, or hæmorrhage.

FRACTURES OF THE LOWER EXTREMITIES.

BY JOHN E. JAMES, M.D., PHILADELPHIA.

(Read before the Hahnemann Club of Philadelphia.)

IN continuing this subject, the first paper of which I gave you some time ago, "Fractures of the Neck and Trochanteric Fractures of the Femur," I design giving only a few representative cases.

CASE I.—Wm. H——, aged 15 years, in September, 1872, was engaged on the top of a step-ladder, which broke and spread, throwing him with his right leg between the steps of the ladder, fractured the femur obliquely at junction of upper

with middle third. I placed the leg on Day's double-inclined splint, with anterior and lateral binder's board splint. In due time union had taken place, apparently straight and with only slight shortening. When the double-inclined splint was removed, binder's board was substituted for the thigh, and he was allowed to walk upon crutches. A few days afterward, while walking, he slipped and fell over a chair, and bent the femur at seat of fracture outward, making the femur the shape of a bow, convexity to outer side of leg, with about two inches shortening. Pressure at seat of bend, with extension and counter-extension to as great an extent as he could bear, were employed without avail; and so it is to-day, shortened as above. Upon the subject of shortening of limb after fractures of femur, Prof. J. S. Wright has recently made upon the living as well as upon cadavera and skeletons, a vast number of measurements, in which he confirms the observations primarily made by Dr. W. C. Cox in regard to the inequality in length of the normal lower limbs. He says the greater number of lower limbs, comparing those of the same person, show a difference in length. The left limb is oftener longer than the right, though the right nearly as often is the longer.

About one person in every five has lower limbs of same length. The differences in length varies from $\frac{1}{8}$ to 1 inch; one case recently showed $1\frac{3}{8}$ inches difference.

These experiments show us conclusively the reason why in the experience of all surgeons it is impossible to prevent shortening in given cases, and clears up a difficulty that I have often been at a loss to explain, viz., notwithstanding the greatest care in treatment, with the fragments apparently perfectly in coaptation, still at the end of the treatment we find so much shortening compared with the other limb. A slight degree of shortening I am always prepared for, but so much as we often have was, until I saw Dr. Wright's article, to me unexplainable.

We can see at a glance what an effect this new light will have upon the legal aspect that surgical cases are forced to assume.

CASE 2.—Compound comminuted fracture of tibia. Mr. S—, aged 47 years, in August, 1874, while at Suffolk Park, driving his horse previous to an amateur trial of speed between himself and some friends, met with an accident by which he was thrown from his carriage, his foot being caught in the wheel, causing a compound comminuted fracture of the tibia. He was placed in a wagon and carried half a mile to

the hotel, where, with the assistance of my friend, Dr. McClatchey, I constructed splints from rude boards, using two lateral and posterior splints; placing the leg in this rude box, with old sheeting for padding, and reducing the fracture, he was left so comfortable that he remained till the close of the trial of speed, and returned home in the evening, a distance of some five or six miles. I saw him at 9 P.M., and finding the leg so comfortable I left it in the temporary dressing till morning, when we dressed it, using the fracture-box and bran, with extension at foot, counter-extension by weight of body induced by elevating foot of bed, the contusion preventing use of adhesive plaster for counter-extension. The tibia was fractured from within towards the lower fragment obliquely downwards, the upper fragment obliquely upwards, the middle fragment triangular in shape, the free margin measuring about two and one-half inches; the lower part of middle rim had penetrated the skin. After the laceration had healed, in third week, I removed the box and put on Day's leg splints; found the middle fragment still loose. Trusting for union, however, I made as much pressure as possible, and did not again disturb the dressing, except to tighten it, for about three weeks, when union had taken place, but with lower margin of middle fragment overlapping lower fragment about half an inch, making a deformity which cannot be seen, but may yet be distinctly felt. The leg was half an inch shorter than the other; otherwise good recovery.

CASE III.—Miss S——, aged 9 years, in June, 1875, fell from a swing while up the country, and fractured tibia of left leg. It was placed in thin pasteboard splints, and three days afterwards she was brought home, a distance of eight or ten miles, in a carriage, and I was sent for to see it for the first time. I found fracture of lower third of tibia, great displacement, and extreme sensitiveness and pain, due undoubtedly to the insufficiency of the flimsy splints to keep the fragments immovable, while being jostled home in a carriage. I reduced the fracture and put on Day's leg splints, procured perfect coaptation and afterwards perfect union, leaving no shortening or deformity at all. The weather being exceedingly hot and telling upon the child's strength, I got her up upon crutches, and at the end of four weeks sent her to the sea-shore, where her strength returned, and she made a good recovery.

CASE IV.—Mrs. M——, aged 81 years, in March, 1875, fell and fractured tibia and fibula at lower third; she had undue inflammation, with great tenderness and pain, and swelling

at seat of fracture; gave Arn., and put on Day's leg splints; the inflammation quickly subsided, and in due time had good union without deformity or shortening. One difficulty experienced in this case, to a greater extent than any I ever met with, though always to be guarded against, was the pressure of the side of foot by lower curved margin of splint, causing an ulcer which was very difficult to heal. The angle of Day's leg splint is too acute, keeps foot in a constrained position, or else, by pressure of lower edges, causes ulceration. In a more recent manufacture of the same splint, however, the angle at ankle has been made more obtuse, thus allowing the foot to rest in a perfectly natural position and avoiding the contact of lower margin with the foot.

NEURECTOMY OF THE SUPRAORBITAL NERVE FOR THE CURE OF "NEURALGIA."

BY L. H. WILLARD, M.D., ALLEGHANY, PA.

(Read before the Homœopathic Medical Society of Pennsylvania.)

WITHOUT entering into the merits of this operation for the cure of neuralgia, I present the following case:

Mr. H., aged 45, native of England, sympathetic temperament, of robust form, and by occupation a machinist. Presented himself for the cure of an intense neuralgia of the supraorbital nerve. This affliction, according to his statement, began in a very slow manner some fifteen years ago, at which time it would give him pain for a day or two during the winter season, but when warm weather came on he would be free from the neuralgia, and remained so until winter came again. In this manner, with increasing severity, it progressed.

Some five years ago he contracted intermittent fever, which had the effect of intensifying his sufferings. The paroxysms of pain still made their appearance during the winter season, aggravated by a change of temperature from warm to cold. During these attacks he would have to remain indoors (which was not the case at first). By taking medicine and keeping the face warm the pains would subside, so that in five days as the shortest and eleven weeks as the longest he would again resume work, only to be again afflicted. He described the pains as being of a lancinating character, confined princi-

pally to the supraorbital region, occasionally, but very seldom, a few twinges of pain would be felt in the inferior dental nerve. Rubbing the upper lip during a paroxysm of pain would aggravate the orbital neuralgia; pressure on the orbit would also aggravate. The pains were partly relieved by opening wide the mouth and raising the eyebrows, a habit, it seemed, which became so fixed that when in pain he was doing it continually.

The treatment was for the most part homœopathic. He had tried all kinds of drugs and electricity without permanent relief. Homœopathic medicine, he said, would relieve him sooner than any other, but had not cured.

The present summer the neuralgia had made its appearance for the first time during warm weather, and this, with a prospect of its being worse the coming winter and so preventing him from work, discouraged him so much that he was seeking some other than medical help for cure.

On examining the orbital region, I found a painful spot above the orbit about the meridian line, and extending upwards one inch; no tenderness in any of the other branches of the fifth. On pressing this painful spot severe pain would shoot upwards over the scalp, making for a short time intense suffering. He seemed determined to have an operation performed. Electricity was proposed, but this, he said, had been tried without benefit. I stated my want of confidence in neurectomy for neuralgia, but he insisted on its being performed.

On the 19th of August, assisted by Drs. Cooper and King, the operation was performed. After placing the patient under the influence of a compound composed of two-thirds ether and one-third chloroform, an incision was made horizontal to and about one-half inch above the orbit, two inches in length, crossing in its course the track of the supraorbital nerve.

The incision severed several small arteries (it seemed the rubbing and friction of the brow for the relief of the neuralgia had enlarged the small vessels).

After the arteries were secured, the incision was deepened, and the nerve exposed, when it was found slightly enlarged, but otherwise healthy.

The patient was now from under the influence of the anæsthetic, and felt great pain whenever the exposed nerve was touched. A section of the nerve was made one inch and a quarter in length, the central end one-quarter of an inch from the supraorbital foramen; the wound was now closed with sutures; a wet compress and bandage completed the dress-

ings. He seemed somewhat exhausted, but otherwise comfortable. Arnica 6th was administered every two hours.

August 20th.—Slept very little during the night; partial anæsthesia of the parietal region supplied by branches of the nerve; appetite poor; very nervous. Bell. 6th, every three hours.

August 21st.—Slept well during the night; some burning sensation of the scalp in the parietal region; anæsthesia the same, and no pain in the wound; continued Bell.; appetite good.

August 22d.—Slept well; feels entirely relieved; no pain in wound, nor in nerve; anæsthesia same; removed sutures and bandages; wound had united by first intention.

August 23d.—Improving; some nausea; morning headache; bowels constipated. Gave Nux. 30th every four hours.

August 26th.—Resumed work at his trade; no pain in head nor supraorbital region; appetite good; sleeps soundly; anæsthesia of the scalp less, and occasionally the burning already noticed is felt; discharged, giving Nux. 30th, a dose every evening on account of morning sickness.

It is now nearly two months since the operation was performed. There has been no return of the neuralgia. The patient has improved in general health.

The advisability of this operation or operations of this nature seems to have met with a negative, but so meagre have been the statistics in regard to them that I think we should hesitate before we condemn an operation which relieves in such a speedy manner.

I have hopes that this case may prove successful. The operation itself relieved the engorged capillaries, which had become unnaturally distended, and thus pressure on the nerve from their enlarged calibre will be obviated.

That it is peripheric in its origin may be inferred from the painful spots which were present during the interval of paroxysms.

Without further comment I present this case for your consideration.

STRANGULATED HERNIA.

BY W. JEFFERSON GUERNSEY, M.D., PHILADELPHIA.

(Read before the Homœopathic Medical Society of Pennsylvania.)

THE *anatomy of hernia*, its varieties, numerous causes, symptoms and termination, are all too familiar to the pro-

fession to necessitate a present recital, and, as I desire to absorb as little time as possible, the Society will, I trust, pardon the omission of a needless rehearsal of the same.

Whether from an hereditary predisposition to hernia, or from some sudden violent effort, the viscus has penetrated and escaped at the weakest point in the abdominal parietes, it is immediately grasped, as it were, by the surrounding muscular tissue, and firmly compressed. This tension upon the loop causes a passive congestion in the part through obstruction of its circulation. The hernia thus incarcerated is rendered, by its local congestion and consequent *enlargement*, incapable of reduction, and the hasty surgeon considering it, from previous instruction, *solely* a surgical case, renders prompt assistance in that direction.

Promptness of action is no doubt a virtue, and in no case is it more so than in that of strangulated hernia. Does it not, however, call for mature consideration as well as swift execution?

The present manipulation for reduction of a luxation is certainly as effective and far less painful than the old method of subjecting the unfortunate to the use of the merciless cords and pulleys. Cannot this enlightened age develop a new era in surgery, by substituting for the ancient, difficult, and extremely dangerous operation for strangulated hernia, a method of treatment which shall, according to homœopathic principles, prove harmless, safe, and effectual?

Though ridicule was abundantly lavished upon Hahne-mann by those who flourished the scalpel and peddled pills under the banner of Æsculapius, he was none the less enthusiastic, and that justly, over his newly discovered "homœopathic lancet." Nor have his followers failed to indulge in the same enthusiasm over its curative action. Local inflammations of an indescribable variety have vanished under the exhibition of an attenuation of this drug. Nor is its antiphlogistic action alone potent in objective symptoms; inflammation of visceral organs has been as speedily dispelled, not excluding intussusception of the intestine; no part of the human anatomy being too obscure to evade the influence of this and other drugs of its class.

Strangulated hernia is NOT an exception. Here the homœopathic antiphlogistic can and should be thoroughly tested. Control the existing inflammation; proper circulation is restored to the part, the swelling is dissipated, and this artificial foramen, having been enlarged by the continued increase in

size of the intestine, will render reduction spontaneous, or at least attainable by taxis.

Having had no authentic precedent for internal medication in these cases, even the present members of the profession have invariably had recourse to the knife, regarding that treatment as pre-eminent. From close observation and reliable information, gathered from the experience of many who are far advanced in years and in the practice of our school, I am confident that a careful administration of the properly selected remedy will terminate this disease in a resolution which shall be satisfactory in the highest degree. Not only do I refer to *recent* cases, but where our services are solicited at a late hour, even after stercoraceous vomiting may have set in.

Classing this affection as an inflammatory one, why should it not be considered as tangible as others of that order, which are accessible by medication even where a gangrenous condition is apprehended?

Experimental practice has met with bitter opponents in all schools of medicine, and when indulged in regardless of consequences, simply for its own sake, cannot be too highly condemned. Yet this same mode of investigation is oftentimes our only channel branching from a road which lack of research or precedents has established. Shall homœopathic medicine, so effectual in all pathological conditions, and in which is being developed daily some new latent power, be considered inert here, or shall the resolution of this *surgical* disease add new laurels to its already endless list of attainments?

HYDROPHOBIA.

BY F. SPETH, M.D., LEWISTOWN, PA.

(Read before the Homœopathic Medical Society of Pennsylvania.)

THE Paris newspapers, *National* and *Debats*, report the discovery of an infallible cure for hydrophobia. We say "cure and not secret remedy," knowing well how just is the unbelief in such *arcana*. The discoverer is a physician in Kriva Osero, in the Russian province of Podolien, and rejoices in the unpronounceable name of Grzymal. In a letter to his former teacher, Dr. Grüber, in Paris, a professor of the medical faculty, he gives some particulars of his discovery. There is no reason why there should not be a special remedy for hydrophobia, as well as for any other disease; at all events the matter is worth consideration, and our prejudice towards

the French, must not lead us to treat this new remedy for that most horrible of all diseases with indifference, simply because the knowledge of it comes from Paris. The performances of the famous French physicians are beyond a doubt justly celebrated.

Dr. Grzymala, to be brief, employs as a remedy for hydrophobia the leaves of the *Xanthium spinosum*, a well-known plant, considered a weed in France. He affirms its certain efficacy, if applied before the disease has reached the state of frenzy. "I have used the *Xanthium*," says Dr. G., "for a number of years, and with the most favorable results. I have prescribed it more than a hundred times for persons, as well as for animals. In Podolien hydrophobia is of frequent occurrence, and in the last twenty years I have treated annually not less than ten cases." *Xanthium* is a sudorific and ptysmagogue, also a weak diuretic, it having the effect of producing profuse perspiration in one case, and in another copious salivation. The natural warmth of the body increases slightly and the circulation of the blood is accelerated. A sudden blindness, which occurs from time to time, will be observed, the appetite increases, and the digestion is uninjured by the use of the remedy. Dr. Grzymala's dose for an adult is sixty centigrammes of dry powder of the *Xanthium* leaves, three times per diem for three weeks; for children under twelve years the dose is one-half. Dr. G. never cauterizes.

"Since I have this remedy at my command," he says, "I have no fears of hydrophobia." He cites several cases of persons and animals, oxen, hogs, and dogs, who have been cured. In the Crimean war, twelve persons were bitten by a rabid wolf. Six of them applied for treatment to Dr. Grzymala, in the hospital at Olschuka, in Podolien, and were cured, while the rest, who had been cauterized and treated with Cantharides, *Faba tonica*, and *Genisea tinctoria*, all died. Six hunting dogs bitten by a rabid hound, were brought. Three of them were confined in a pen and received no medical treatment; they died in fourteen days. The other three were left at liberty, receiving daily thirty grammes of the *Xanthium* powder, in three doses mixed in soup for three weeks; they all recovered. A father, his son and dog were fearfully mangled by a rabid dog. The father's whole cheek was almost torn away, while he had more than ten wounds on his arms and legs. As a rabid dog is said not to repeat his bites, they doubted the savage brute's madness, and gave all their attention to the dog who had been bitten. In three days he died with every

sign of hydrophobia, and only then was the *Xanthium* powder administered to the father and son, upon whom it effected a cure in three weeks. In large animals the dose must be increased daily to ninety-six grammes (3 oz.), and given for four weeks. "These facts, which I lay before you, my honored teacher," concludes Dr. Grzymala, "are absolute facts of which I can offer irrefragable proofs, and I have a hundred others at your command." Dr. G. transmitted a packet of *Xanthium* leaves to Professor Grübler, promising to send more, for the plant grows abundantly in Podolien. It is also said to be plentiful in the south of France. Now if we had a certain remedy for hydrophobia, the disease whose horrors we are familiar with, there would be some prospect of seeing our dogs relieved of the muzzle.

NITRITE OF AMYL—AN ACCIDENTAL PROVING.*

BY DR. MORRISSON.

THE following symptoms were caused by the evaporations from a two-drachm glass-stoppered bottle, which had been shaken in moving.

March 10. Entering the room at 10.25 P.M., I noticed the pungent odor of the *Nitrite*. The effects were:

An increasing sense of stupefaction, with flushing of the face and scalp.

A sudden smarting of the conjunctivæ, with injection of the ocular conjunctivæ and dimness of vision, as if caused by a film.

Subacute smartings in præcordial region; then in right renal region; then in right axilla; then at mid-sternum; then in lumbar region; then in lower lobe of right lung, at apex of heart, and in lower lobe of left lung, with tenderness on pressure. Increasing dyspnœa, with sneezings, nasal catarrh, and sighing respiration. Pulse (sitting) 68, small, feeble. The smartings changed position rapidly, being most persistent in the eyes, bases of lungs, and spine. After enduring the increasing discomforts for some twenty minutes, respiration became a series of gaspings, whereupon I beat a retreat.

March 11. On awaking the pains returned with increased intensity, especially in spine, lungs, and conjunctivæ, with shifting pains caused by movement on dorsal surface of right

* From the Monthly Homœopathic Review, May, 1877.

hand, on left patella, and from left thumb to axilla; with catarrhal symptoms, and severe fronto-orbital cephalalgia. Many of these symptoms returned, with varying intensities, during the day; at times accompanied by sighing respiration. They were intensified by the odor being again inhaled. Urine clear, acid; sp. gr. 1014; free from albumen and phosphates; light cloud of an oxalate (probably lime), and distinct traces of sugar. Pulse (sitting) 78 to 84, feeble.

A few drops of the *Nitrite*, on a cloth, held before the nostrils of a small dog, caused violent sneezings and injection of the conjunctivæ.

March 12. During the morning a dull aching in cervical region, which gradually moved to suboccipital region, and then passed away. During the evening, smartings in the eyeballs, with injections of the conjunctivæ. Urine clear, acid; sp. gr. 1020; trace of oxalates, and sugar in marked quantity.

March 13. After rising, sneezed violently three times; severe occipito-frontal headache, felt most in suboccipital region; smarting of the conjunctivæ, and weakness of vision. Urine clear, free, acid; sp. gr. 1016; saccharine. Pulse (sitting) 80; general lassitude.

March 14. Occipito-frontal headache, with achings in right renal region; smartings of conjunctivæ. Urine clear, free, acid; sp. gr. 1020; saccharine.

March 15. Severe occipito-cervical achings, with increased frequency of the renal achings; smartings of conjunctivæ. Urine clear, free, acid; sp. gr. 1020; abundance of sugar. Pulse (sitting) 70, regular.

March 16. Constant occipital headache, and achings across loins. Urine clear, acid; sp. gr. 1018; less sugar.

March 18. Achings remain, with weakness of eyes, and smartings of conjunctivæ. Urine clear, acid; sp. gr. 1016; traces of sugar.

March 21. Slight occipital headache; and smartings of conjunctivæ; returns of loin aching on waking, and on lying down at night. Urine clear, acid; sp. gr. 1018; traces of sugar.

March 28. Remains of suboccipital and loin achings; increased by fatigue. Urine clear, acid; sp. gr. 1012; mere traces of sugar. Pulse (sitting) 66, regular, feeble.

April 18. The weakness of vision persists. Urine clear, acid; sp. gr. 1014; traces of sugar. Pulse (sitting) 68, regular.

Moore's and Trommer's tests for sugar were employed.

Many of the subjective symptoms returned on inhaling the first decimal dilution.

The achings mentioned were increased by fatigue, and were most marked during the evenings. I was in usual health at the time of first inhaling, and no alteration was made in diet, exercise, or the routine of work.

The last edition of *Garrod's Materia Medica* contains an excellent *résumé* of the pathogenetic effects of this drug, with some of its uses homœopathically indicated. Its influence is that of a depressant of the pneumogastric nerves at their origin; hence, in addition to its employment in various forms of syncope and of angina pectoris, it will probably occupy an important place in the treatment of epilepsy, hysteria, and diabetes.

ALBERT SQUARE, CLAPHAM ROAD,
April, 1877.

ART IN HOSPITALS.*

THE present is undoubtedly an age of revival in art. It is not so much that artists are more thought of than they used to be, that higher prices are given for pictures painted by artists of reputation, or that exhibitions are crowded with visitors. This might be, and is in the case of many, the result of fashion. But when a true revival in art-feeling is developed, it is shown in minor departments as well as in the picture gallery. When one's taste for the beautiful is thoroughly educated, one finds even in one's own house, small though it may be, ample opportunity for gratifying a love of art and cultivating it still further. There is hardly an object, however useful its intention, which cannot be made either ugly or beautiful, in either case at about the same cost. It is in these details, if one might call them so, that the growing taste and love of art in the present day displays itself. Twenty, or even ten years ago, in the interior fitting up of a dwelling-house, in the so-called ornamental parts of it, still more in the useful departments, there was an utter disregard of any attempt at carrying out the rules of art, except, of course, in the case of those noble old mansions where the decorative and useful articles were those of previous generations, bequeathed as family property to descendants. Except in such houses, one found the furniture of the ugliest, the patterns of the carpets

* Editorial of the Monthly Homœopathic Review, May, 1877.

of the "loudest" or the most absurd description, the colors badly arranged, and in the most glaring opposition or contrast to one another. The drawing-room wall-papers were as nearly a mass of white as possible, relieved, if one can call it a relief, by bouquets of flowers, in gold; the cabinets were as bad in design as possible, while, with the fall of the price of plate-glass, the ambition became general to have enormous mirrors, extending from the mantel-piece to the roof, and sometimes occupying the greater part of one side of a room. Really beautiful or tasteful pieces of furniture were reckoned "old-fashioned," and disposed of for "an old song," to be replaced by the fashion of the day, while the idea of displaying any taste in bedroom ware, or in such a thing as a common jug, or water-bottle, or wineglass, seems never to have been thought of. Now, however, we are glad to say, a new era has been inaugurated. Furniture now shows evidences of careful design, the old beautiful shapes are revived, and "fancy" prices given for the genuine old article, which twenty years ago might have been picked up for next to nothing; the chintzes, curtains, wall-papers, and carpets, are rich and harmonious in color, while their designs are the work of true artists, who think it not wasted labor to bestow thought and wealth of design on such every-day articles of use, in order to gratify the eye and the whole being of the purchaser of kindred sympathies with themselves. Nor is this love of the beautiful confined only to such large articles of furniture as chairs, cabinets, curtains, carpets, etc., but the same care and laborious love is shown by the artist in the dinner-glass, the china or stoneware from which one eats and drinks daily, in the common beer-jug, and even in the bedroom and kitchen ware. In fact we now see that there is hardly a single household article, however common its use, which cannot as easily be made beautiful as the reverse, and, what is more important, the cost is about the same in both.

The result of this revival in art, this lavish display of design and taste on the most trivial article of household use is, that one's feeling for the beautiful and one's whole inner sense is refined and elevated by continual contact with beauty, and a charming feeling of mental repose is experienced after the day's toil, when one sits down and passes one's eye around the room, drinking in the harmonious combination of design and color. In this liberal and benevolent country of ours, the charitable institutions of which we are justly proud, this *renaissance* has no sooner become general than it occurs to

kindhearted gentlemen to share the pleasure they experience at home with the sick poor, who are treated in hospitals. These are nowadays frequently nursed by ladies, and always by careful and kind nurses; they are looked after by friends, bouquets of flowers are sent to gladden their eyes, and newspapers to amuse them, and why, it is asked, should we not have art in hospitals? Why should we not so decorate and beautify the wards that they shall be as beautiful and refined as a lady's bedroom?

A movement to give a practical answer to this question has been set on foot by Dr. Lawrence Hamilton, whose letter we had great pleasure in publishing in our issue of last month. Dr. Lawrence Hamilton's proposal is that a fund, to which he generously offers a hundred guineas, should be raised for the purpose of purchasing works of art, in order to decorate the wards of hospitals, of which, he says, "the excessive dreariness" must have struck all who have any acquaintance with them. He advocates "the brightening of the wards, and the cheering of their inmates, by the addition of suitable pictures, china, sculpture, ornamental clocks, fancy glass, tasteful glazed tiles, parquet floors, and other art-decorations of all sorts, that combine art with education and hygiene." Now, however much we sympathize, and we do sympathize with Dr. Hamilton's love of decorative art, and with his desire to make the hospital as comfortable, cheering, and elevating as possible to the sick inmates, we cannot but think he goes too far, and tends to bring this issue to a "*reductio ad absurdum*." He certainly lays himself and his scheme open to such criticism as appears in Dr. Yeldham's letter to us this month. In our opinion Dr. Yeldham goes to the opposite extreme, and on what we think (to a certain extent) mistaken grounds, rather throws cold water on the proposal. The right course seems to us a medium one,—one by which we can adorn our hospital walls, and elevate the taste of the patients, without going into the extreme of making the wards vie with the drawing-room of a wealthy connoisseur in art-antiques.

Dr. Yeldham certainly is correct in saying that the wards of hospitals are, as a rule, not characterized by "excessive dreariness," as Dr. Hamilton, in his enthusiasm, describes them to be. To any stranger visiting them, they give the impression of cleanness, cheerfulness and comfort, such as few of the patients are accustomed to at home when they are ill; while in most hospitals texts, illuminated and in ordinary large type, the prospect of which to a sick person is the reverse of dreary, hang on the walls.

But if we make the wards really beautiful without extravagance in style or money, it is an object worth a little thought and trouble. Dr. Yeldham argues that, because the majority of the homes of hospital patients are "neither sweet, clean, nor ornamental" that there is no need for bestowing much attention on decoration, especially as "many thousands of their betters have to endure their illness in rooms which cannot boast of a picture or a statuette."

Now, with due deference to Dr. Yeldham, this is no argument at all. We all know how, when one is sick and unable to occupy one's self in reading or working, the hours pass slowly, and one's eyes dwell on the surroundings of the room, and observe minutiae in a way that one never does in health, while, if there happens to be a pretty picture on the wall, or a bit of ornament on the mantel-piece, or a flower on the table, the hours pass pleasantly in observing all their detail, till they are actually loved, and in after years are remembered as bright spots in a time of pain and illness. Is it not then a mission of love to bring such objects before the eyes of the hospital patient, who is away from his home, were it for no other purpose than to lessen the feeling of home-sickness which a patient in hospital so often has? All the more that such comforts and delights to the eye are not to be had at his own home; and if thousands in better circumstances have to lie on beds of sickness surrounded by no such luxuries, we can only regret that it should be so, but admit that it is impossible of remedy, except by private kindness. Dr. Yeldham asks, besides, whether such artistic surroundings would be appreciated by the hospital patient, and argues in the negative, because when one goes into the wards, the patients who are able to be out of bed are found sitting over the fire in winter, and round the tables in summer, chatting and gossiping. We need only show Dr. Yeldham the fallacy of this argument by asking him whether he appreciates his pictures and ornaments less because he is not forever looking at them, but sits over the fire in winter talking with his friends.

While we thus cannot agree entirely with Dr. Yeldham's views, we consider Dr. Hamilton's unpractical, and undesirable even though they were practicable. To decorate a ward in the way he proposes would be to emulate the drawing-room or dining-room of a wealthy connoisseur. Even were such an extreme suitable, the expense involved in carrying it out would, we agree with Dr. Yeldham, be quite unjustifiable at a time when the necessary expenses of the working of a hospital

are so great as to render the funds at their disposal in so many cases inadequate, and oblige managing boards to contemplate the necessity of shutting up so many wards. This is a vital objection. And moreover, were the scheme carried out as Dr. Hamilton proposes, if the articles of *vertu* did not become receptacles for dust or infectious particles, it would involve, as Dr Yeldham properly points out, unnecessary and unreasonable labor on the part of the nurses in preventing them becoming so.

The true plan is to hit the middle course, viz., to beautify the wards in such a way as is compatible with limited cost, cleanliness, and little or no additional labor to the attendants. What we should propose would be that the walls be painted in the upper two-thirds in some quiet soft neutral tint, that the lower part or dado should be painted in some dark color, which would harmonize with the upper part; that below the cornice, a stencilled border of chaste patterns should be added, or in its stead, a continuous border of tastefully illuminated texts; and that a stencilled border be introduced above and below the upper line of the dado. The doors and wood-work should be painted in the same color as the dado, while the floor should be stained, or painted and varnished, of the color of dark old oak. This could be done at an expense very little exceeding the most common style of wall-painting, and would produce a charming, soft, reposing effect to the eye. The proposed color to the floor would have this advantage, that dust would be quickly visible upon it. The border of illuminated texts could be done by the hand of artistic and benevolent ladies. On the walls, also, we should like to see a considerable number of tastefully illuminated texts in letters so large as to be legible from any point in the ward, and engravings of pictures which have for their subjects themes appealing to the most educated taste as well as to the most refined. On the mantel-piece and on brackets, of which there might be three or four in each ward, might be placed a few blue and white plates and vases of delftware. This ware is really beautiful and highly decorative—as effective, in fact, for decorative purposes as the best Oriental china, and to be procured for a few shillings.

Some of our readers who laugh at “china mania” may think this suggestion of a few pieces of blue delft vases and plates ridiculous, but if such skeptics will only observe what an artistic finish a few bits of blue and white china or earthenware give to a room which previously contained no such or-

naments, they will be satisfied, even though they possess no "knowledge of china."

A ward in the style we have suggested would be a really beautiful room, open to no objection of extravagance in style, or expense, or hygiene.

Our liberal and excellent friend, Mr. Franklin Smith, of Weston-super-Mare, has taken up this subject enthusiastically, and in the *Malvern News* proposes a scheme of wall-decoration which we think is a very mistaken one. He proposes to hire some poor but talented artist at £200 a year, to copy the "old masters," which copies are to be hung up in the hospital wards. He thinks that if the managers of the hospital could "diagnose" a rising young man, copies which he would be glad to execute at £20 apiece might in time become so valuable as to be a source of income to the hospital from their sale. Mr. Smith forgets that if the managers should happen to make a mistake and intrust the copying to a man who should in after life never rise above the level of mediocrity, his pictures would probably fetch £5 in return for their cost of £20. But putting aside this possibility or probability, the "old masters" are not the class of pictures at all suited, in our opinion, for the wards of a hospital. We repeat that the class of pictures suitable for the object are those which are simple in theme, and appeal to the imagination of all classes, and yet are true works of art. Of such pictures, in the shape of engravings, there is no lack; and as prints of these are by no means expensive, there would be little difficulty in procuring them as gifts from benevolent patrons.

We may only add that plates and cups from which patients eat and drink can now be procured in stoneware of beautiful design at the same, or nearly the same, cost as the plainest or ugliest dishes.

Nothing would rejoice us more than to see the wards of our hospitals decorated in the simple yet beautiful style we indicate, and we are very much mistaken if the patients would not look back with as much pleasure to their stay in hospital, and to all its pretty surroundings, as "Maggy" in *Little Dorrit* did on account of the "chicking" she then feasted on.

OBITUARY.

RICHARD GARDINER, M.D.

DR. RICHARD GARDINER, one of the oldest and most highly respected homœopathic physicians in the United States, died at his residence in Philadelphia, on the 22d of March, 1877, aged eighty-five years.

Dr. Gardiner studied medicine in the University of Pennsylvania, and practiced very successfully as an allopathic physician in Delaware County, Pennsylvania, for more than twenty years. He established himself in Philadelphia in 1835, at which time he was engaged in investigating the then new doctrine and practice of Hahnemann, and he came out boldly as an advocate and practitioner of homœopathy in the fall of 1836. He continued his practice in Philadelphia from that time until the spring of 1870, when he moved to Baltimore to pursue his profession in that city. During his long residence in Philadelphia he acquired a large practice and considerable means, together with the love and esteem of a very large circle of patients and friends. His stay in Baltimore was comparatively brief, and he returned to the scenes of his former practice, resuming the duties of his profession with vigor, and remaining in the harness, engaged actively in practice until within a few days of his death. He died of pneumonia, after a very brief illness, lamented by all who knew him. He was a man remarkable for probity of character, and an exemplary and humble Christian, and he has gone to his reward.

Dr. Gardiner was the father and grandfather of physicians of our school. The late Dr. Wm. A. Gardiner, formerly Professor of Anatomy in the Homœopathic Medical College of Pennsylvania, was his eldest son; he was a man of great and acknowledged ability, and one of the best lecturers on anatomy this city has seen. Dr. Daniel R. Gardiner, a well-known practitioner, now residing at Woodbury, N.J., is another son.

Dr. Gardiner was one of the original members (1844) of the American Institute of Homœopathy, and was President of that great organization in 1853. He was chosen President of the Philadelphia County Homœopathic Medical Society from the time of its reorganization in 1866 until his removal to Baltimore.

A special meeting of the Philadelphia County Homœopathic Medical Society was held at the college building on the morning of March 26th, to take action on the death of its venerable and esteemed member, the President, Dr. A. R. Thomas, in the chair. The following is a transcript from the Secretary's minutes:

On calling the meeting to order, Dr. Thomas made the following remark:

The oldest man in our ranks, a member of this Society from its organization, and more than once its president, Dr. Richard Gardiner has recently been called from our midst to receive the reward of a well-spent life. Full of years and full of honors, and with the respect of a great community, and with the love and reverence of a wide circle of personal friends, he was found when called faithfully at his post in the discharge of the active duties of his profession, and has left behind an example of fidelity to duty and of faithful adherence to principle which should become a lesson to us all. It becomes us, therefore, to assemble this morning for the purpose of paying that respect to the honored dead which a life of faithful devotion to the interests of humanity so richly deserves.

Dr. O. B. GAUSE then presented the following preamble and resolutions:

WHEREAS, We have been called together this morning to render the last tribute of respect to our venerable colleague, Dr. Richard Gardiner, whose remains are to be this day consigned to the grave, it is, therefore,

fit and proper to note some of the many traits of his personal and professional life, which render his memory dear to us, both as a friend and as a successful practitioner of the healing art. Dr. Gardiner was distinguished by those personal characteristics which give value to friendship and which exalt a man to the position of an example worthy of imitation to those who come after him.

He was a man of strict integrity and uprightness of life and conversation, a wise counsellor and a firm friend. He was one of the oldest practicing physicians in this city, having been in active and continuous practice for about sixty years. He was also one of the first American educated physicians to espouse the doctrine of Hahnemann.

For many years he was engaged in a very large practice in which he had abundant and diversified opportunities of noting the effectiveness of the new system of therapeutics in an exceedingly wide range of diseases. That his faith should abide unto the last, is no mean testimony to the practical value of this system of medicine.

When he began to practice homœopathy there were not more than six or seven physicians of the system in the city and not many in our entire country; now there are nearly two hundred in full practice in Philadelphia and several thousand in America; then there was no medical college in which the system was taught, now there are eight homœopathic medical colleges; then there were no medical journals devoted to the advocacy of this system, now there are numerous monthlies and quarterlies, with a distinctive literature rapidly increasing; then there were no medical associations, now there are county and state societies all over the land, as well as a flourishing National Medical Institute. Thus did our valued friend live to see the "little one become a thousand" and grow not only in numerical strength, but into the confidence and support of the intelligent and thoughtful laity.

He has given two sons and five grandsons to the practice of medicine. Although nearly eighty-five years old he literally "died in harness," having made the circuit of his patients on the second day preceding his death.

Dr. Gardiner was unanimously elected president of the Homœopathic Medical Society of Philadelphia on its organization, which position he held for three consecutive years. He was also a member of the Board of Curators of the Hahnemann Medical College for several years. Not ostentatiously, but nobly and worthily has he lived a long and useful life. He rests from his labors and leaves a blessed memory as a rich legacy, not to his family only, but to us also who knew and loved him.

Therefore resolved, That we the members of the Homœopathic Medical Society of Philadelphia, do sincerely mourn the death of our esteemed and venerable colleague, Richard Gardiner, M.D., late President of our Society.

Resolved, That we will ever cherish his memory and emulate the virtues which distinguished him in his private and professional life.

Resolved, That we attend his funeral in a body.

Resolved, That a copy of this preamble and these resolutions be entered on the minutes of the Society, and published in the *Hahnemannian Monthly*, and that a copy be sent to his family.

These were unanimously adopted. The President then appointed the following pall-bearers: Drs. C. E. Toothaker, J. G. Howard, Henry N. Guernsey, A. H. Ashton, and O. B. Gause, and to these the Society added the name of the President, Dr A. R. Thomas. The meeting then adjourned.

W. H. BIGLER, Secretary.

PUBLICATIONS RECEIVED.

THE ENCYCLOPEDIA OF PURE MATERIA MEDICA. VOLUME V. *New York and Philadelphia*: Boericke & Tafel. 1877. Pp. 628.

Once more we are called upon to welcome and announce a volume of this great work, reaching from Hydrocyanic acid to Lycopersicum. These volumes come out with beautiful regularity, and attest alike the honest work of the editor and the good faith of the publishers. About one-half of the entire *Encyclopedia* is now completed, and the work goes bravely on, Dr. Allen and his able corps of assistants having a large amount of copy ready for the sixth volume, which will shortly be put to press. If there are still any croakers with visions of failure before their eyes, they are probably beginning to sicken at their own prophecies.

The fifth volume presents to us a large number of remedies which are, comparatively new. Among these we may mention Hydrophyllum, Imperatoria, Indium metallicum, Inula, Iodoform, Itu, Jaborandi, some new forms of the Kalis, Karaka, Katipo, Kerosolene, Kissingen, Lacerta, Lapathum, Lathyrus, Lepidium, Limulus, Linaria, Linum, Lippspringe, Lolium, and Lonicera. The pathogeneses of these, together with those of the better known remedies, make up the six hundred and twenty-eight pages of solid matter. In some cases the symptoms of the newer remedies as given are very brief, comprising but a few lines, but they suffice to show the possibility of usefulness; while others, on the contrary, exhibit quite a considerable number of symptoms, and abundantly indicate an extensive sphere of action, and consequently of usefulness. But the complete and reliable pathogeneses of the old standbys, such as Hyoscyamus, Ignatia, Ipecacuanha, Iris versicolor, Kali bich., Kali carb., Kali hydr., Kreasotum, Lachesis, *et al.*, never before half so well presented, show after all the principal and great value of the volume. Really, too much praise and encouragement cannot be given the editor and publishers of this *Encyclopedia*. It is not a work to be put "on the shelves," for occasional reference, as has been stated regarding it, but we venture to predict that the experience of others will be that of our own, viz., that it is indispensable to accurate prescribing in difficult cases; and they will share with us an impatience at the delay necessary to the completion of the work, whenever a wish to study a remedy not in "Allen" is felt.

It is gratifying to observe how the keen shafts of criticism are repelled by the editor, and the carefulness of his work is proven, more especially in the four volumes last issued. As an instance, we refer to the sharp attack of Dr. Berridge in the April and present numbers of the *Hahnemannian Monthly*, and the replies thereto. Of course we give credit to Dr. Berridge for the best intentions, and believe that his criticisms and fault-findings grew out of no captious spirit, but arose from an honest desire to see the work correct and complete. But it is gratifying and instructive, as well as amusing, to see how skilfully and yet how kindly the learned editor parries the sharpest blows, and proves the honesty and faithfulness of his work. Dr. Berridge did not go to original sources, while Dr. Allen does, in all cases where there is a chance of doubt. However, we must all feel a debt of gratitude to Dr. Berridge for giving Dr. Allen the opportunity to so handsomely vindicate his work, and increase the confidence of the profession in it.

This volume is in keeping with its fellows, and is, like all volumes issued by Boericke & Tafel, unexceptionable in paper, typography, and binding.

The subscription lists for the *Encyclopedia* are still open. No ho-

mœopathic physician in good practice can afford to be without the *Encyclopedia*, which becomes more and more valuable daily.

THE APPLICATION OF ELECTRICITY AS A THERAPEUTIC AGENT.—By J. H. Rae, M.D. Published for the Author by Boericke & Tafel, 1877. Pp. 132.

The effect of this work, we conceive, will be to make the use of electricity more common with general practitioners, and relegate it to its proper sphere of usefulness. "Electricity and electro-magnetism do not cure," writes the author, in his preface, "they simply excite the latent or dormant electricity to dynamic action, and nature then performs the cure. If the cure does not innately exist in the system, all the electricity, drugs, medicines, science, talent, and experience in the world cannot make a cure. There must be sufficient vitality or dormant electricity in the system, or all efforts will prove useless." This is pretty sound doctrine, we opine. If the elements of cure are wanting in the system, if the body has so far run out that repair is impossible, medication of any and every kind will be useless, and a complete stoppage of the machinery of animal life must result; but the question as to whether there remains sufficient vitality, or "dormant electricity," in the system is a matter for experimentation, and is usually one of those things "which no fellow can find out" until he has made a trial.

The author claims that he has invented a new machine for applying electricity, the history of which we herewith give in his own words:

..... "It is not the *shock* that cures, but the fine, delicately sensitive current, that assimilates itself with the natural physical currents of the human system. The knowledge of this fact caused me to commence experimenting in 1860 to produce a mechanical current as generated in the human body. After having had innumerable coils made of every conceivable design, and testing in connection with them all the different forms of galvanic batteries existing, and finding the results no improvement upon the first principle, I was about giving up in despair, when I accidentally discovered that a third current could be and was actually produced by the combination of two helix machines (properly proportioned and arranged) so refined and attenuated that while it removed the shock, it still retained all the power and magnetism of the initial induced current, only, if possible, like the homœopathic dilutions, becoming more effective in the development of its curative properties by its attenuation.

"The construction of my machine for producing a superinduced current, as now perfected by me, consists of two helices, containing each the primary and secondary wires. Upon the first coil, the primary current, by the means of an improved current-breaker, is made to produce the induced electricity in the ordinary manner. By turning the 'switch' upon the base of the machine, the induced current of this first helix is made to flow through the primary coil of the second helix, which, acting upon the second coil precisely the same as the battery current in the first helix, produces upon the secondary wire of the second helix the fine superinduced current of electricity, while at the same time the machine, having an improved rheotome, gives the primary and induced currents from the first coil of extra power, and superior to that of the ordinary machines."

Under the head of *Cancer*, the author introduces the remarkable cure of the Hon. T. T. Davis, which was published in the *Hahnemannian Monthly* some time ago. This was a truly remarkable case, and is sufficient of itself to commend electricity to the profession.

Dr. Rae supplements his directions for electrical treatment, in every form of disease mentioned in his work, with a brief paragraph on "Medical Treatment." While we have no hesitation in commending this

book to the professor as the best handbook of electrical therapeutics yet published, we do not indorse the medical treatment, which is too scantily given to be of service. Dr. Rae would delight the heart of the venerable Hempel by his devotion to *Aconite*.

Every physician should have a copy of this book, which, together with the apparatus of Dr. Rae, is on sale by Boericke & Tafel, at any of their numerous establishments.

A TREATISE ON DISEASES OF THE SKIN. By S. Lilienthal, M.D. *New York and Philadelphia*: Boericke & Tafel, 1876. Pp. 496.

This is the unpretending title of a very valuable work, which comes before us as modestly as does its author. It was published as a supplement of 16 pages monthly in the *Hahnemannian Monthly*, and while it was running its course in that journal its editor and the author of the work were the recipients of many flattering words in its favor. The author does not claim that it is a perfect or complete work, but regards it as a basis for future labors. "While I have a perfect knowledge of its imperfections, I can conscientiously assert that I have gleaned critically and carefully from the best authorities in regard to the pathology and therapeutics of these forms of disease. It is hoped that it has and will serve a good and useful present purpose with the physicians of the homœopathic school, and be at the same time a foundation upon which a future perfect treatise can be based." "In the meantime no labor will be spared to perfect the work, and assistance and contributions are requested from homœopathic practitioners in all parts of the world."

Strange though it may seem, the treatment of diseases of the skin is a *bête noir* of homœopathic practice. In conversation with a large number of practitioners of all shades of opinion regarding the dose, we find that the successful treatment of the more intractable forms of skin disease is not the rule, but the exception; and Baehr, in his work on practice, speaks very discouragingly and even disconsolately of the inefficiency of homœopathic medication, while Kafka plunges boldly into the local treatment of Hebra and Newman. Homœopaths are taught that to cure an eruption by inunctions or by other local appliances is to do serious constitutional damage; but it is a question whether an eruption, at first the outcrop of a constitutional disease, does not become in time, and after the constitutional disturbance has disappeared, a local affection simply, in which the skin goes on in its condition of perverted nutrition and abnormal growth from the "force of habit," so to speak. At all events, Professor Lilienthal's work will enable all who use it to treat diseases of the derma more successfully than heretofore; and if he gets the co-operation and assistance of physicians "in all parts of the world," he may be enabled hereafter to so perfect his work that the cure of these troublesome lesions and neuroses will become an easy matter. All who have not this work should procure it, and they will find it to be of great service to them. It is on sale by Boericke & Tafel, or can be had from any homœopathic bookseller. It is handsomely printed and bound, and is altogether creditable to all concerned in getting it up. *The Repertory*, prepared by Dr. Clarence M. Conant, is an excellent piece of work, and is a very useful accompaniment to the text proper.

We take this opportunity, having written concerning the book, to say a few words concerning its author: genial, hearty, happy, industrious, indefatigable, and talented Sam. Lilienthal—"Old Sam," as he likes to be called. What an immense amount of good, honest, and useful work has this one man accomplished, this man of many tongues and much knowledge! Not a journal in the land but owes some of its best to him, and not a physician in the land but has profited time and again by his translations and his incisive notes thereto, and his original papers show-

ing a large experience, extensive reading, and a mind well fitted to sift the chaff from the wheat and render only wholesome grain to those who need it. This Teutonic polyglot, as Sam. Jones calls him, is never happy unless he is at work. Ah! my friend, in your last sickness, when the abomination of suffering had well-nigh spent its force, the old spirit of work was as strong within as ever. You thought you were cheating the good Burdick, your doctor, by doing the translations "on the sly." But you see I am telling the tale, to guard against future iniquities. Be warned in time, and let not your devotion to homeopathy and work permit you to do what you would not allow *your* patient to do. Remember our revered Dunham, and how we are all bereft by that lamented death. We cannot spare *you*, nor one man like you. There are too many drones in the hive, and the workers must husband their strength, or they will soon cease to make honey for the general store.

MOTHERS AND DAUGHTERS.—Practical Studies for the Conservation of the Health of Girls. By Tullio Suzzara Verdi, A.M., M.D., etc. *New York*: J. B. Ford & Co., 1877. Pp. 288.

This is a companion volume, as it were, to the author's former volume entitled *Maternity*, and like it is full of good, wholesome, and sound advice. Upon the health, both moral and physical, of our women depends the health and happiness of the race. "Men cannot gather grapes from thorns nor figs from thistles," says the Scripture, and it is just as impossible to gather an honest, God-fearing, and healthy man from the womb of mothers diseased in body and deformed in mind. How to procure the *mens sana in corpore sano* of our women is just what Dr. Verdi aims at in his excellent work. He has crowded into its two hundred and odd pages a vast deal of information of great importance to the wives and daughters of our land, and he has done it in a plain, straightforward, pure, and withal pleasing style. "Delicacy is undoubtedly a charming characteristic of women; nay, it is to her what perfume is to a flower; but true knowledge never trespasses upon delicacy. Ignorance leads to coarseness and slovenliness of thought, to insinuation and suspicion, and therein lies the vulgar fear of knowing anything regarding the human economy." (Author's Preface.) This is as true as true. The people, and especially the women, need enlightening on many points connected with their physical life, and the time is fast approaching when it will no longer be thought singular or "Yankeeish" that a woman should be instructed in regard to her sexuality, its organs and their functions. The author trenchantly remarks that "it is often said that a little learning is a dangerous thing." This is untrue. In the practice of medicine it is found that even a little knowledge of the various branches of medical science is useful to the patient and to his attendant; that the observations he is capable of making greatly assist the physician; that his description of the symptoms is more reliable; that the physician's counsels are more strictly observed; that the intercourse between physician and patient is more satisfactory. The fears of numerous people, which seem to have given rise to that saying, invariably spring from ignorance. Knowledge lessens fear, while it enhances vigilance and circumspection."

Dr. Verdi is doing a good work in writing such books, and we trust he will continue in the course he has adopted of educating the mothers and daughters.

The book is handsomely presented. It is printed with good type on fine paper, and is neatly and substantially bound. An index completes the volume. On sale by the publishers and by booksellers generally.

EDITORIAL NOTES.

NEW YORK HOMŒOPATHIC MEDICAL COLLEGE COMMENCEMENT.—A very large audience assembled in Chickering Hall on the evening of March 8th, to witness the conferring of the degree of Doctor of Medicine upon the fifty-four graduates of this College. After prayer by the Rev. Dr. Hastings, Prof. Dowling, Dean of the College, made a short address, in which he said the past year had been the most prosperous of the College. The matriculates had exceeded in number those of any previous year, and the graduating class was the largest that had ever left the walls of the institution. He cheerfully recommended them to the Trustees for the degree of Doctor of Medicine, believing them to be as thoroughly qualified to practice as textbooks, lectures, and clinical instruction could make them. He congratulated the Trustees on the prosperity of the College, and closed his address with a tribute to the memory of the late Carroll Dunham, M.D., who preceded him as Dean.

Hon. Salem H. Wales, President of the Board of Trustees, then conferred degrees, with appropriate remarks, upon the members of the graduating class.

Prof. H. D. Paine then presented certificates of proficiency to the junior students, 51 in all, who had successfully passed examinations in the junior course studies. These examinations, as far as the faculty were concerned, were final. Prof. Paine briefly alluded to the advantages of the graded course system of study, and he believed the time would come when it would be adopted by all institutions of medical learning throughout the country.

Prof. T. F. Allen, in a few well-chosen and eloquent remarks, then presented, in behalf of the College, the faculty prize, a valuable microscope, to J. L. Moffat, M.D., he having the highest general average in all the examinations. A lively competition, he said, had existed between Dr. Moffat and Dr. F. J. Nott, the former having stood 97 and the latter 96 in their general average. Honorable mention was made of Drs. F. J. Nott, A. B. Kinne, W. Y. Cowle, C. R. Sumner, G. W. Blodgett, and R. O. Phillips.

The prize for the best report of the surgical clinic at the College was presented to F. M. Smith, M.D.

For the greatest proficiency in obstetrics, to F. J. Nott, M.D.

The Allen medal, for the best original research in *Materia Medica*, to L. Faust, M.D.

Hon. Salem H. Wales also presented a prize, which consisted of a beautiful and valuable pocket case of surgical instruments, to G. R. Stearns, for the greatest proficiency in all the junior studies.

Prof. F. S. Bradford then delivered the valedictory in behalf of the faculty. The subject chosen was the relation of science to medicine. Prof. Bradford handled his subject in a thoroughly scientific and masterly manner.

F. J. Nott, M.D., of the graduating class, then delivered an address in behalf of the class. This was decidedly the best valedictory it has ever been our pleasure to listen to. Rev. Dr. Hastings then delivered an amusing and interesting address. The exercises were interspersed with selections from Verdi, Karl, Thomas, and Wagner, by Rietzel's band.

After the benediction had been pronounced, the faculty, graduates, and invited guests adjourned to Delmonico's, where a complimentary supper had been provided by the faculty. Speeches were made by ex-Mayor Wickham, Mr. Wales, Commissioner Cox, Prof. Allen, Prof. Helmuth, Prof. Burdick, Prof. Dowling, and Dr. Asa S. Couch, of Fredonia, N. Y., a former classmate of Profs. Dowling, Helmuth, and the editor of the *Hahnemannian Monthly*.

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PIPER METHYSTICUM.

PROVING OF AVA OR KAVA-KOVA.

BY W. N. GRISWOLD, SAN FRANCISCO, CAL.

AGE 42, weight 130, height 5 feet 8 inches, dark hair and eyes, temperament *nervous*, intermingled with a fair proportion of the bilious and less of the sanguine.

Health generally good, though not *firm* constitution; active but *not enduring*; easily impressed by external influences and changes in weather and climate; susceptible especially to drugs of the narcotic order; also somewhat so to other drugs, even in small quantities.

Nervous and digestive system impaired and rendered sensitive by the lasting effects of Copper taken into the system by accident December 11th, 1867. These effects continued more or less intensely until 1873, since which time functions have been pretty healthy but easily impaired. Don't really consider myself a good subject for a proving, and hence commence cautiously.

October 24th, 1875, prepared the third attenuation of the Ava, and took four doses per day of 10 drops each, increasing doses to 15 and 20 drops before the end of the first week, when I discontinued the drug until November 17th, 1875.

During this week my system was gradually "toned up" so that I was able to do a (for me) large amount of miscellaneous reading after business hours, without more than usual fatigue, and with a relish. This was extraordinary, because for years (since December, 1867) I have not indulged in *light reading*, it having fatigued and brainfagged me equally with professional reading; and my strength, perforce, has been *reserved*

for necessary scientific and professional reading. No other symptoms worthy of note were elicited during this week.

After discontinuing the drug (third attenuation) my system during a fortnight gradually returned to its former degree of power and endurance.

3d day, November 20th. Have taken for two or three days past from 10 to 15 drops of the second attenuation of Ava. No symptoms except a slight sensation of fulness, sometimes in one part of brain and sometimes in another, mainly in the frontal region.

At noon meal to-day appetite unusually good, but food had not the usual relish or taste. Took Ava fifteen minutes before eating; dulness, fulness, and pressure in forehead, and vertigo on elevating or moving the head to either side.

After this meal the pressure shifted to both lateral and the occipital regions, and on lying down *increased* to a considerable degree; not enough, however, to constitute *real* pain. Pressure in head increased by remaining in one position; decreased by moving. Impelled by something to move cautiously, as if there was some condition which would not admit of rapid movement; apprehensive of *pain* by rapid movement, but the move being made, temporary relief, as by slower movement.

At every meal everything tasteless; fruit, tea, butter, meats, cake, etc., taste all the same. Feeling as if mucous membrane of the stomach, mouth, tongue, etc., was covered or furred over, and their *sensitive power* was lost; tongue not coated. During some of the proving, noticeably a day or two previous and succeeding to November 26th, took in food with a sort of *ravenous haste*. No taste of food, but a nervous ravenousness would have impelled me to swallow anything with an abnormal avidity. System generally feels stronger. Capable (as three weeks since) of doing more work without fatigue or brainfag.

This evening feel a *warm glow* over all the upper part of the body, as of slight fever, but no marked increase of heart action.

Uneasy sensation on each side of the head over each ear, as of pressure and weight.

5th day, Monday, A.M., November 22d. No symptoms; those of the preceding day having mainly disappeared, though moderate (10-drop) doses were regularly taken four times per day. This morning on arising took 20 drops, and within two minutes, besides warmth in stomach usually succeeding swal-

lowing, while dressing, a dizzy blindness came upon me. Dizziness less on closing the eyes; directing attention to the head and exerting the will diminished the dizziness. At same time, dizziness followed by rush of blood and fulness in the frontal region, soon followed by similar sensation in occipital and basilar region. Pappy taste in mouth; warmth of stomach and slight pain in the abdomen above umbilicus followed. These symptoms soon passed away, leaving an unusual languor of the brain.

6th day, November 23d, 1875. No head symptoms after morning dose of 40 drops. About 10 o'clock *unusually (very)* large stool, the latter part of which was quite soft, preceded by slight pain in the abdomen. Felt otherwise well all day. 40 drops at night. (From this time five doses taken only morning and night.)

7th day, November 24th, 1875. Latter part of last night sleepless; mind working on business problems. Worn, tired feeling before and on arising. Dizziness and frontal pressure even when lying in bed. Took 40 drops. No symptoms immediately followed. Felt well and buoyant all day until evening. From 5 to 9 P.M. *unusually* dizzy. Assisting at obstetrical case, came near falling several times; swimming sensation and faintness, partly produced by going past evening meal without eating, but not all. Never had such a dizziness and swimming sensation on going without food, usually a faint feeling near umbilicus or in epigastrium. To-night brain feels *tired*; a little rest relieves the tired feeling. Head aching at *right temporal* region, across *the eye* and bridge of the nose, with feeling of pressure along sides of the nose, half way to tip. Right temporal pain not uncommon with me when fatigued, others entirely uncommon.

8th day, November 25th, 1875. Last night took two teaspoonfuls of second attenuation and went to bed. A stupid sleep followed, preceded by heavy pressure on the whole frontal part of head. Active, vivid dreams after part of night, alternated with half conscious waking. Usually dream a good deal, but not like this. Dreams unremembered, except the following: Dreamed I was proving a remedy, which produced severe frontal headache, sore throat, especially on the right side, could not swallow, saliva was acid and intensely smarting. In my dream was generally looking over the system for symptoms to record. On awaking found that my suffering about the throat was *all a dream*, though so intensely real I could hardly believe that my throat was not sore.

Awoke with very worn feeling of the brain, decided brain-fag. Thought to cease use of the drug; but getting on foot felt better, and again took two teaspoonfuls of second attenuation. A feeling followed as if the drug had descended and impressed the lower part of the system, producing trembling sensation of bowels and lower extremities and bloodvessels connected therewith.

On going downstairs the drug seemed to come through the circulation upwardly, reaching the brain and producing exhilarative dizziness and a disposition to swing and stagger, as if one were under the influence of alcoholic liquor. For half an hour or more felt talkative and happy. Dizziness soon disappeared and left a generally "toned up" condition of brain and nervous system. On commencing to move dizziness returned. Urine this A.M., when first passed, was hot, burned the urethra. At 10 A.M. urine nearly neutral; acidity hardly perceptible. Bowels, which have been regular, constipated. Felt all day unusual life, vigor, and exhilaration. Took none of drug at night. Probably this exhilaration is the effect sought by the Sandwich Islanders, who chew the root in large quantities. Took no more medicine after November 25th.

9th day, November 26th, 1875. Reaction has commenced. Feelings varying and generally depressed. Heavy, dull headache in temporal and frontal regions, increased by reading and thinking. Bowels constipated; towards night general want of tone and life in all functions. Appetite slight. Sour eructations, especially *before meals an hour*, at times rolling up and rumbling all the way from stomach and mouth; but for the most part *breaking* at throat-pit with frequent succession. At throat-pit some feeling as of something which ought to be swallowed. Sensation relieved by eructation temporarily. Returns soon.

At night urine hot and decidedly over-acid. Eructations and sensation at throat-pit and root of tongue so disagreeable, took Puls.² to relieve, with some effect.

10th day, November 27th, 1875. Head ached all last night, with fulness of frontal region. Sleep heavy, with dreams disturbing but unremembered. To-day, aching continues; feeling as if frontal part of brain was *solid with pain*. This ache during the day gradually moved backward to base of brain and along the medulla oblongata. *Relieved by slight motion*, increased by large, continued, and more active motion (opposite of Rhus). *Slight mental effort, passing from topic to*

topic for an instant *relieves*; sustained effort *increases* the aching pain.

Laid down this P.M. [with head elevated (bent forward) on a hard cushion] to rest the brain; frontal pain decreased, occipital increased. Gravity seems to have overcome the force of the circulation in the vessels of the brain. Vessels of neck and base of brain full, as if circulation had been cut off by a cord. Whole back of head, neck, and cerebellum, felt *congested* to the brain and cord-centre. Sore inside and tender to outside pressure. All those parts of the nervous system (head, neck, etc.) felt as if *double or treble* their ordinary size. I lowered my head and straightened my neck, called for a soft pillow, caused mesmeric passes to be made downward by sides of the head and with frequent slight changes of position; in about one hour relief began to come. Action of the cerebrum weak, but clear. During the whole evening these conditions continued, gradually decreasing; bowels still constipated.

For the last six or eight days teeth have been very sensitive to cold water, cold air, toothbrush, washing, etc. No more medicine since November 25th, 1875. Sensitiveness of left upper first molar, predisposed by *former* disease, to the *gums*, did not cease for three or four months; last symptom to disappear.

11th day, November 28th. The severe *pains* and *soreness* in the back of the head and base of brain have gradually *disappeared*, leaving brain (cerebellum) only *sensitive*. The feeling of *oversize* continues, changing back and forth from frontal and occipital regions, being *sometimes most prominent* on sides of head, over ears, etc., in the *temporal regions*. An agreeable languor alternates with a pleasant, youthful freshness and vigor of both body and mind. Feeling of general tonicity comes on as during the primary or actionary stage of the proving. Voluntary *muscular* action, as *then*, so easy as to be *almost* involuntary. Muscular action increased, but power of involuntary unconscious co-ordination of muscular action impaired. Find myself *walking fast* before I am conscious of it; legs and feet seem to be running away with or from me. My will is called consciously into action to *regulate* my movements; feel *otherwise* unusually well and active all day and evening.

12th day, November 29th. Slept well last night, and feel finely this A.M. About 9 o'clock had a large and natural defecation, the first of any kind for four or five days. Eructations and indigestion, before mentioned, not noticed to-day.

Urine acid. Felt well until evening, when some business anxieties broke the general tonicity of the system. Pain commenced along the middle of forehead, proceeded outward to each side of head, and after retiring at night, it followed around both sides of the head and attacked the posterior part of the brain, medulla, etc. The sensation was not extremely painful, but almost indescribable. All of the cerebellum, medulla, etc., were as if compressed by an even pressure from every direction; especially from *front to back*. Nervous system was forced to its highest tension; *could not sleep* first part of night, and latter part only at intervals. Could lie still but a few moments at a time; seemed as if head and neck would be compressed to death if I remained quiet long; changed from side to side, from back to face, and *vice versa*; hands sought cool places, otherwise no perceptible increase of heat; no thirst; constriction or compressed feeling extended to chest and stomach as well as brain, though in less degree. The drug seemed to have affected, secondarily, the sources of animal life in cerebellum and medulla, partially and *temporarily exciting* and then, to an extent, paralyzing those functions. Probably did so through the branches of the pneumogastric nerve distributed to the chest, lungs, and stomach.

During the most of the proving eyes felt wide open and hearing more *acute* than usual.

Called up at one o'clock; while moving much relieved. Later, after retiring, became more quiet, went to sleep on the back; a horridly unnatural and amorous dream resulted in a seminal emission, about three o'clock, which was so large that the passage of it through the urethra caused pain enough to awaken me; penis erect; sensation of sickness, shame, and slight increase of frontal headache. Turned on side and sought sleep. Sometimes sleepy, but could not sleep. More sleep towards morning, but even then fragmentary. Felt tired and "mean;" did not want to get up. When I got up and moved around felt better. Took Nux as antidote during the night.

13th day, November 30th. Small movement of the bowels about 10 A.M.; urine normally acid. Nervous system still strung up (or on tension). Considerable compressive pain about back of head and cervical part of spinal cord, gradually diminishing during the day.

After this from December 1st to December 7th felt unusually well, though took Nux v. as an antidote *for two or three days*.

Here I will say that I have had more amorousness during the primary part of this proving than for years.

20th day. On the night of December 7th the symptoms recorded of November 29th, relating to the head, spine, sleep, and nocturnal emission, in less degree of violence, were repeated. December 8th. Next morning took Nux to antidote or counteract symptoms; want of vigor, timid, apprehensive during day; slept pretty well at night.

29th day, December 16th. Another headache as November 29th, with emission as at same date. These *headaches and emissions have come about a week apart*. No more medicine, but every three or four days have felt myself influenced by the drug, alternately stimulating and depressing.

61st day, January 18th, 1876. For the last month or more, commencing November 29th, I have spent Tuesday or Wednesday night of each week with distress of head and sleeplessness, as above recorded, November 29th, though the symptoms each week have gradually decreased in intensity.

82d day, February 9th. Feel myself the last week for the most part relieved from the effects of the Ava. No medicine taken since the morning of November 25th, 1875.

NOTE.—Brainfag is spoken of during the primary or active part of the proving. It *then* was caused by an *excessive use* of the brain in miscellaneous reading.

In the latter part of the proving it was secondary or reactive effects of the drug, for I read as much as I could stand during the first period, and abstained from all reading as far as possible during the latter part of proving.

Mental characteristic of Piper methysticum.—*Pains* (especially of the head) *relieved temporarily by turning the mind to another topic*. I have tested this characteristic in a number of instances, and now, if I can find it in the patient, prescribe the drug with confidence.

ADHERENT PLACENTA.

BY C. F. SEIP, M.D., PITTSBURG, PA.

(Read before the Pennsylvania State Homœopathic Medical Society.)

OF the three stages into which labor has been divided, the delivery of the placenta constitutes the third stage. The prevailing impression among the profession seems to be that the placenta, when left entirely to nature, is expelled with the foetal surface first. But this is not the case. The detach-

ment of the placenta commences, mostly, at the upper edge, and always presents at the uterine orifice folded up, according to the length of the uterus, and not transversely or *inverted*. It has become customary to interfere with this part of labor, so that the natural expulsion of the placenta is seldom observed. By making traction upon the cord, the foetal surface is always brought forward, and the bulk thus presenting is always more difficult to remove than when left to nature.

Its expulsion from the uterus is generally effected in from fifteen to twenty-five minutes, but it may remain in the vagina for several hours. If the expulsion be left to nature, in many instances it may be retained for hours, but in consequence of the influence that this retention frequently exerts on the minds of patients, it has been deemed advisable by most practitioners to facilitate its discharge. This is usually done by making traction on the umbilical cord. This simple traction upon the cord will do well enough if the placenta is, in part at least, expelled from the uterus. Before traction is made, the position of the placenta should be ascertained. This can easily be done by introducing the finger into the vagina, and if the placenta is within reach, slight traction upon the cord may be all that is necessary. If, on the contrary, the placenta is not within reach, and the womb can be felt near the umbilicus, and is not very hard, the placenta is probably still in the uterus, and our next step is to ascertain whether or not it is detached. Should it be detached, its expulsion may be anticipated as soon as uterine contractions take place, but so long as it still remains attached no traction upon the cord should be made, as serious consequences may result.

I believe that many cases of retained placenta from retarded separation or hourglass contraction may be prevented if Crede's method of placental delivery is followed. Since Crede made his method public, many accoucheurs declare that it has been their practice for many years before. As soon as the child is born, the cord cut, and the child removed, the fundus of the uterus is grasped between the thumb in front and the fingers behind; it is then forcibly compressed, and at the same time lightly pressed downward and backward. Crede advises that no effort to compress the womb should be made until contractions take place. It generally requires but one or two efforts to accomplish the complete expulsion of the contents of the womb. Considerable objection has been urged against such procedure, but apparently based upon theoretical grounds, and generally by such practitioners as are opposed to

improvements in obstetrical practice. My method in the management of the third stage of labor is the following: As soon as the head of the child is born, I place one hand over the fundus uteri, and as it is being expelled I follow up the contractions of the womb with firm pressure, and continue it for a few moments. In case of instrumental delivery, or if both my hands are otherwise required, I have the pressure made by an assistant. It will usually be found that by the time the cord is cut and the child removed, the placenta is expelled. In support of the method, I quote from Dr. Churchill's statistical record of his thirty-nine years' private obstetrical practice, the following: "I have found only three cases of *post partum* hæmorrhage, with one death. There were ten additional cases in which extraction was necessary for different reasons, such as flooding, irregular contractions, and morbid adhesions. I may, perhaps, be allowed to remark that many of the cases in which the longer intervals elapsed, occurred in the earlier years of my practice, before I had realized the safety and value of pressure so applied as to squeeze out the after-birth from the uterus into the vagina. If firm grasping pressure be applied to the uterus immediately after the child is born, and continued for a few minutes steadily, it will be found to diminish in size suddenly, and the placenta will be found in the vagina, from which it is easily removed. The squeezing force should never be excessive, lest we inflict injury, nor is it necessary. *More than twenty years' experience has satisfied me not only of its efficiency, but of its safety.* (Italics mine.) I have never known hæmorrhage follow in cases thus treated. In some few cases it will fail, and then we must have patience until uterine action sets in, or other circumstances show the necessity for further interference." But adopting either one of these two methods does not always succeed without making a little traction upon the cord, and this is more apt to be the case in fleshy women. The advantages of these methods over others are apparent. Since it is very seldom necessary to make traction on the cord, the dangers arising from this source are avoided; the expulsion of the placenta is more complete than when left to nature alone or by traction. By the quick and firm contractions hæmorrhage is prevented, and after-pains, if they occur at all, are reduced to a minimum, because no time is allowed for the formation of clots. The frequent introduction of the hand into the uterus is avoided, and the risk of communicating puerperal diseases, or the physician being infected with syphilis, is lessened. As to the causes of irregular con-

tractions of the uterus, nothing definite is known, but in all such instances the placenta is retained; and I firmly believe that if Crede's or Churchill's methods were adopted, it would be almost impossible for these abnormal contractions to occur, except in cases of morbid adhesion of the placenta.

In case of adherent placenta, neither of the abovementioned methods will materially aid us in its removal. According to most authors they are owing to a fibrous transformation of the cellular filaments which hold the placenta and uterus together, whereby they acquire a degree of solidity sufficient to withstand the uterine forces. (Cazeaux.)

The adhesion may be partial or complete. The degree of resistance which these adhesions sometimes offer is so firm that it is with great difficulty that they are broken up; at others the separation is easily effected. In some instances the placenta is so friable as to come away in small pieces. Unfortunately there are some women who have a predisposition to these morbid adhesions. One case came under my care, in her sixth confinement, and every labor was complicated with this abnormality. The adhesion was so firm that it was impossible to remove the placenta except in small fragments. It being the first case of the kind that I ever had, I sent for counsel. The doctor, a man of considerable experience, soon arrived, but did not seem to be in a hurry to do anything, being under the impression that the danger was all imaginary on my part. To his surprise he found affairs worse than he had ever encountered before. The placenta was entirely removed in small fragments, and the patient made a good recovery without any further complications.

Since then I have had two more similar cases, and both made good recoveries. Hæmorrhage always accompanies partial adhesion, and it is these cases that require prompt interference; but when the adhesion is complete, and without hæmorrhage, it is advisable to wait for several hours, that time being often sufficient to effect a separation. I cannot conceive of any condition where it would be advisable to wait longer than three or four hours, as it is well known that the longer after the birth of the child the more difficult it is to introduce the hand into the womb. This may be regarded as sufficient time for the uterus to recover its force, especially if the proper medicinal agents have been employed. By longer delay we may encounter difficulties that had previously not existed; the vulva, vagina, and uterus become tumefied and painful, and the case becomes more complicated.

Although much good may be accomplished by the judicious administration of homœopathic remedies, we should not rely too much upon them for success, to the entire exclusion of other efficient and safe means. The limit of justifiable delay has been, by some writers, extended to several days, if hæmorrhage does not in the meantime supervene. This is entirely too long, as putrefaction may take place, followed by septicæmia and its disastrous consequences; also, from the extreme liability to hæmorrhage during this time, the patient and physician are kept in a constant state of anxiety. Would any practitioner, in the present advanced state of obstetric art, for a moment entertain the idea of allowing the placenta to remain in utero, or depend entirely upon internal medication for its removal? I hope not, at least not among enlightened practitioners.

The following, which recently came to my notice, will fully illustrate what may occur when the secundines are imperfectly removed: Mrs. X., in her fourth confinement, was attended by a midwife. The delivery of the child was promptly effected, but, after a short delay, the afterbirth not being expelled, traction on the cord was made, until it separated near the placenta. The family physician was sent for, but he being unable to attend, another was called in, who, after manipulating for some time, expressed himself as having removed nearly the whole of the placenta, and the remainder could do no harm. A few hours after his departure the family physician arrived, who also removed some of the placenta, and continued his attendance until the fourth day. The fourth night after delivery severe chills, followed by fever and fainting, suddenly came on. A homœopathist was now called in, who at once, realizing the dangerous condition of the patient, asked for counsel, which arrived early in the morning. An examination of the uterus was immediately made. About one-third of the placenta was found still in the womb, and part of the membranes protruding from the vagina. These were at once removed. The uterus was found softened and pulpy, and the discharge of a very fetid character. Notwithstanding all the hygienic and therapeutic measures resorted to, the patient died on the eighth day after delivery.

WATER INJECTIONS IN UTERINE DISPLACEMENTS.

BY J. C. MORGAN, M.D.

(Read before the Pennsylvania State Homœopathic Medical Society.)

THE general effect of water, hot or cold, used as a vaginal injection, is:

1. *Local stimulation*, resulting in improved or diminished tonicity of tissue, according to its previous status and the temperature chosen. In chronic inflammation, hot water is required at first—the heat being diminished as the inflammation subsides, even to coldness at last. In mere atony also. In incipient inflammation, cold is best.

2. *Traction on the Supports of the Uterus*.—Thus, if there be anteversion, vaginal contraction and elevation of the fundus result. So also in simple prolapse of uterus or vagina, the sitz-bath is a direct adjuvant. Medicines as indicated.

On the other hand, in retroversion, vaginal injections may aggravate the malposition by forward traction of the os. In this case the injection of cold water per rectum secures backward traction, hence is indicated in this deviation. But rectal injections in like manner may aggravate anteversion, when vaginal injections will do good. Either, when tepid, will relax the same parts, with opposite effects on the mechanism.

Prolapse of the bladder is promptly relieved by pessaries of cotton soaked in glycerin (diluted at first until tolerance is established), the napkin being worn.

TYPHOID FEVER—CAN IT BE ABORTED?

BY J. B. WOOD, M.D., WESTCHESTER, PA.

(Read before the Pennsylvania State Homœopathic Medical Society.)

ON the 26th of August last, 1876, I was called to see B. C., aged twenty years; had prescribed for him two days previously, but did not come to any conclusion as to the nature of the disease; gave Nux v. 2 for two days. On the date above mentioned, when I saw him, he was confined to his bed; pulse from 100 to 110; surface hot, and much delirium, and even at this early stage, sordes on the teeth accumulated in large quantities; tongue thick and heavily coated with a yellowish fur, and at the end of a week he expectorated and coughed up considerable blood and was extremely prostrated; pain in the left and right iliac regions, and along the course of the ascending and transverse colon, with considerable tenderness over the entire abdomen; the bowels at this time were

somewhat loose, and for three or four days the stools and urine were involuntary. September 2d he swooned away, and for a time I believed him in a dying condition, but after a few hours he rallied, and remained with considerable fever and delirium for the next ten days, when his fever abated and delirium ceased; pulse reduced to 80 or thereabout, and at this writing, September 16th, he is convalescing, and has an excellent appetite.

My object in communicating this case is to speak of the possibility of aborting typhoid fever, which I am satisfied can be done. When called to this case, as before stated, the fever ran high, with much delirium, and of course my thoughts were turned to Belladonna, which was administered in the first centesimal dilution, as being the remedy for this condition, which I continued alone for forty-eight hours, and which controlled somewhat the delirium, always worse at night.

At this time I concluded to give Belladonna at night only, and Baptisia, the first decimal in water, during the day, which was continued up to the time he swooned away, when Phos. ac., 6, was given for a day; then returned to the Belladonna and Baptisia until convalescence seemed firmly established (September 16th).

The diet was milk from the beginning, when he could be prevailed upon to take it; ice was used *ad libitum*; corn starch, farina, boiled rice, were also used at times, and also, according to the indications given by Rapou, in his treatise on typhoid fever, oyster, chicken, and beef broths.

As some may not understand Rapou's indications, I append them here: It is for the attendant to save a small vial of the urine, so that the physician can examine it the following morning without agitating it in the bottle; if the cloud is suspended and near the top, nourishment must be sparingly given; as it descends, the amount may be increased; but when it touches the bottom, the most powerful nourishment must be given.

A CASE OF CRANIOTOMY.

BY L. H. WILLARD, M.D.

(Read before the Pennsylvania State Homœopathic Medical Society.)

Mrs. Y., aged 35, mother of six children, and with all her children had comparatively easy labor.

Was called to attend her during her present confinement, in the absence of her physician, Dr. Cooper, on the evening of

February 22d, 1876. On arriving at the house, found the membranes had ruptured and the waters expelled at about 6 P.M., since which time she had a few ineffectual pains, which did not drive her to bed. The pains came on with regularity at about fifteen minutes' intervals from six o'clock in the evening, and at eleven o'clock, when I arrived, the pains were still regular, but not severe. She was very nervous and anxious; pulse 100. Making an examination, I found the os near the promontory of the sacrum, and, with some effort, diagnosed a vertex presentation. The os was patulous, but when the pains came on they seemed to be wanting the expulsive effort. Gave Opium 6th every half hour, and waited until three o'clock in the morning, when I left for home.

On returning the next morning (February 23d) I found the patient in a better condition physically. She had slept some during the night, and relished the beef tea; had lost that nervous and anxious manner; pulse normal; tongue clean. The pains came at intervals of a half hour, but with very little expulsive effort. On making an examination I found the os more dilated, and could now determine that the presentation was normal. Changed the remedy to Puls. 6th, as the pains seemed to be of an ineffectual kind, and gave the medicine after every pain, which came now at intervals of fifteen minutes to a half hour, but of the same character as already described.

In this condition the patient remained all day. At 12 M. the medicine was omitted. During the evening, on examining, the os was found fully dilated, but in the same place; the pains more severe, but still ineffectual. Towards midnight the severity of the pains abated, and the patient would fall asleep in the intervals, which were about half an hour in duration. No medicine was given during the night, as the patient seemed very comfortable.

On the morning of the 24th, Dr. Cooper saw the patient with me. We found no advancement in the labor. The Doctor, on making an examination, found the os in the position already described, and as the patient seemed in such good condition and the pains so ineffectual, advised Macrotin 3d to be given after every pain. This seemed to rouse up the pains again, and rather more of an expulsive effort was noticed, but on examining during the afternoon and finding no improvement, the remedy was discontinued. At about 6 P.M., thinking the symptoms called for *Secale*, it was given, and continued for several hours at intervals of half an hour, but with no good

result. During the evening Dr. Cooper again returned, and the condition of the patient was much the same as in the morning, no material advancement having been made. We now decided that as Secale 6th had failed, it was advisable to try the tincture or fluid extract, which was given in twenty-drop doses every half hour. This medicine produced nausea and increased the pains, but did not advance the labor, so it was decided that, as we had tried all medicines which seemed to be called for without any good result, a resort to instrumental means was imperative, as the patient began to show signs of exhaustion. The proposal was submitted to the patient, who gladly consented to any means which might give her relief. Accordingly the forceps (Comstock's) were applied, and careful and persistent traction made during every pain, and what seemed singular at the time, and made us very careful of how we pulled, the womb and all the structures seemed to come down when traction was made (a symptom the importance of which will be fully explained hereafter). In this manner we exerted all the force justifiable for about an hour, when the forceps slipped over the head. They were reapplied, but slipped again. Baudelocque's forceps were then applied with a like result.

As this means of delivery had failed, the hand was introduced for exploration, with a view of turning, if found to be expedient. On passing the hand up alongside of the head within the internal os, the os was found spongy to the touch and not contracted, but the womb was found closely contracted around the neck of the child, so tightly that the fingers could not be passed on either side of the neck beyond the point of contraction. This fact was of great importance, for it explained that peculiar symptom already noticed when pulling on the forceps.

It was now thought advisable to administer chloroform for the purpose of relaxing the uterine structures. After getting her fully under the influence of the anæsthetic, it was found to be ineffectual in overcoming this rigidity; the same contraction still remained, and as the child was known to be dead by the absence of all movement, craniotomy suggested the only means of relief.

The patient was now placed in position and the anæsthetic administered.

Smellie's scissors, properly guarded by being imbedded in a piece of potato of sufficient thickness to protect the structures of the patient, was introduced and carefully lodged in the an-

terior edge of the posterior fontanelle, and turned transversely to the position in which they were introduced, guided by the hand; on finding the scissors securely lodged in the head, firm and regular pressure was used until the instrument passed into the head of the child. A gush of fluid immediately followed from the opening thus made, distinctly heard over the room, continuing so long as to confirm a previous supposition that it was a hydrocephalic head, but of firmer consistence than is usual in such cases. The scissors were now carefully removed, guarded by the hand, and the crotchet was passed within the wound already made, and securely fastened upon the inner surface of the right parietal bone near its junction with the temporal, the fingers of the left hand being passed over on the outside of the head and brought to the point where the crotchet was fastened, to protect the soft parts of the mother in case the instrument should perforate the bone, which, fortunately, did not happen.

The patient in the meantime being under the influence of the anæsthetic, traction was made during the pain, and the head immediately began to descend. The condition of the womb which was observed when the forceps were used, was no longer noticed. The child was now, with moderate force, delivered.

The child was a well-formed female, and would weigh about eleven or twelve pounds, with an enormous head, as the following dimensions will show. These measurements were taken as it lay emptied of all fluid:

Diameter.—Occipito-frontal, 6 inches.

Biparietal, 5 “

Circumference.—Occipito-frontal, 17 inches.

Occipito-coronal, 16 “

After the influence of the anæsthetic had passed off, Opium 6th was given every two hours. There was a moderate flow of the lochia and very few after-pains, but, owing to the long-continued labor, there followed great numbness and stiffness of the limbs, which passed off gradually. Arnica was given for this the second day after delivery, which with a few doses of Bell. for restlessness constituted the remedies used in the after-treatment. The patient now, one month after delivery, is well and enjoying good health. The lochia has ceased and the breasts have given no trouble.

THE INDUCTION OF PREMATURE LABOR.

BY H. H. HOFFMAN, M.D., OF PITTSBURG, PA.

(Read before the Pennsylvania State Homœopathic Medical Society.)

ALTHOUGH the obstetricians of the old school have thought and written to quite an extent on this important operation of midwifery, none of our school have paid much attention to it, with the exception of Guernsey and Hale. We give a *résumé* of the cases calling for this operation, and the principal methods of performing it, more for the purpose of introducing some interesting cases from practice than for bringing forth any new method.

By the term "induction of premature labor" is meant, of course, the usual acceptance of it; that is, causing an expulsion of the contents of the uterus after the beginning of the seventh month and before the end of the ninth, for the purpose of saving both mother and child.

This operation seems to have had its origin in a consultation of the most eminent physicians and surgeons of London, in 1756, as to whether it was right, and what advantages might be expected from it. The question was decided in the affirmative, and the first operation was performed by Dr. Macaulay. In this he was successful, and, in consequence, it found favor, and spread from England to other nations, where it now has become one of the legitimate and established operations of obstetrics.

The cases calling for this operation are various. The conjugate diameter of the superior strait may, in some women, measure less than three and one-half inches, or the pelvis may be distorted in various ways, so that there is small probability of the delivery of a viable child at full term. Then, in order to preserve the life of both mother and child, that time should be fixed for the operation which will allow the child to remain in the uterus the longest time consistent with the safety of the mother. In this connection it may be well to state that it has been my experience that when women have had rachitis in childhood, there is almost invariably distortion of the pelvis. It would, therefore, be well in a case where we know that the woman has had rachitis, to make a thorough examination of the pelvis, even if the woman is a primipara. If distortion is present, it would be far better to induce labor prematurely than to wait and see if the child can be born alive at full term, thus running a great risk of mutilation of the child by craniotomy, or the Cæsarian section of the woman.

Again, smallness of the abdominal cavity, or a too great resistance of the walls, has been urged as requiring this operation, and it is claimed by the advocates of it that good results have followed; however, it would perhaps be better to allow nature to take its course, for expulsion of the foetus generally follows of its own accord.

Some writers have given as a cause for this operation the predisposition of some women to death of the foetus about the eighth or ninth month. They claim that they have very often obtained living children, when every other child at full term was still-born.

Among other causes may be named putrefaction of the foetus, some rare cases of albuminuria, and puerperal convulsions when the contents of the uterus are not evacuated spontaneously.

The first method of inducing premature labor was that of Macaulay, in which the membranes were punctured. This method was used for a long time, and was modified by Meissner. This modification consisted in puncturing the membranes at the fundus of the womb, by inserting a stilette, shaped somewhat like a male catheter, between the membranes and the walls of the uterus. This practice has fallen somewhat into disuse. Some physicians claim that this process is dangerous, because sometimes labor is not brought on even if all the liquor amnii has been drawn off. This can hardly be possible, for the inequalities of the foetus cause it to act as a foreign body, and thus cause uterine contraction. But the chief objection is, that this method is more tedious than the others, and should, in consequence, be dropped for something better.

Galvanism has lately been brought into notice as an agent for inducing contraction of the muscles of the uterus. The instrument for applying it consists of a metallic sound, covered, except at the point, with some insulating material, and so arranged at the other end that connection with a battery may be made, and the current made continuous or discontinuous by a touch of the finger. This is placed in the vagina, well up to the womb, and the other pole is placed over the fundus. A current is then made to pass for ten or fifteen minutes. The friends of this method claim that it is entirely harmless, and that labor will be brought on in two or three days at farthest. The bulkiness of the galvanic battery will prevent its general adoption by the profession, since it cannot be conveniently carried about.

The forcible injection of cold water into the fundus of the uterus, so as to produce a separation of the membranes from the walls of the womb and to induce contraction, seems to have no advantage over the use of the bougie, and, besides, is liable to form an embolus in one of the uterine veins, and bring on disastrous consequences well known to every physician. Dr. Barnes, the inventor of the hydrostatic bags for dilating the cervix, in speaking of the different methods, says: "I think it important to repeat an emphatic warning against one of them; I mean the plan of injecting water or other fluid into the uterus. This was introduced by Schweighauser and Cohen, and is sometimes described as Kiwisch's plan. But Kiwisch's plan is simply to inject water into the vagina, playing the stream against the os uteri, not into the cavity of the uterus. Now Kiwisch's plan is generally harmless, but it is certainly often useless. On the other hand, Cohen's intra-uterine injection, although far more certain in its action, is fraught with extreme danger. *Both in this country and abroad, several cases of severe shock and of sudden death have ensued from it.* Of course no advantage or convenience, however great, can counterbalance such a danger; the plan, therefore, should be discarded."

The flexible bougie is used by being inserted between the membranes and the walls of the uterus, to the extent of four to seven inches, coiling up the remainder in the vagina. The bougie is then left *in situ* until labor pains supervene, generally from six to twenty-four hours. It is then removed, and nature allowed to take its course. A modification of this method has been brought into notice by Dr. Lumley Earle, of Birmingham, England. It consists of a cap of india-rubber having a string about twelve inches long attached, fitted very loosely over a whalebone sound. The plan is to introduce several of these caps between the membranes and the walls, and then to withdraw the sound entirely, making fast the ends of the strings outside the vagina with a bit of plaster. When the pains commence the india-rubber caps are withdrawn by means of the strings. The advantages claimed by Dr. Earle for this method are:

First. The caps being soft and compressible, are not liable to rupture the membranes or injure the walls.

Second. The patient can walk about without any risk of displacing the caps.

Third. More than one cap can be passed into the uterus at one time, thereby causing irritation at more than one place.

The disadvantage of the bougie or its modification is the liability to cause inflammation of the uterus, and the pain and inconvenience which it causes the patient.

Dr. Barnes's method of accelerating premature labor consists of the use of the bougie, and afterwards the hydrostatic bags. He introduces the bougie in the usual manner, and when pains commence he proceeds at once to dilate the cervix by means of the bags. These bags are made of india-rubber, and have a tube attached for forcing water into them. He claims that by this method he can definitely fix the date of the birth of the child.

The danger attendant upon the use of the bougie is not diminished by this method, and it is a question whether the dilatation of the cervix by the hydrostatic bags is not sufficient of itself to bring on labor, for it is a well-known fact that as soon as the cervix is sufficiently dilated labor pains supervene. Then if this be true is not the use of the bougie superfluous?

There is one advantage, however, in Dr. Barnes's method. For when some severe ailment exists, as, for instance, puerperal convulsions, a method for rapid delivery where no time is to be lost is invaluable.

The uterine douche for directing a stream of water against the neck of the uterus, was introduced by Professor Kiwisch. This consists simply of a tin box, having attached to it a rubber hose about six or seven feet in length. The box is filled with warm water of the temperature of about 70° Fahr., and then elevated on a mantel, and the stream directed against the neck of the uterus for about ten or fifteen minutes without interruption. This is repeated every five or six hours. The friends of this method claim that contraction will be brought on in twenty-four or forty-eight hours. It has, however, been proven that this has failed in quite a number of cases.

The method of dilatation by means of sponge tents is due to Professor Kluge. The sponge tents first in use were made simply of compressed sponge, but serious objections began to be advanced, as it was claimed, and with great truth, that the tents after remaining a short time in the cervix became foul, and even putrid, from the secretions with which they had become saturated. On this account patients incurred a great risk, especially those who were sickly and delicate. To avoid this, and also to keep the sponge together better, carbolized mucilage is now used. Tents, it is claimed, are better than hydrostatic bags, as they dilate the cervix more slowly, stead-

ily and continuously. Having inserted the speculum or the finger, as the case may be, into the vagina, well up to the cervix, the tent fixed upon a sound is guided along and inserted into the neck so far that no part of it extends out into the vagina. If this should be the case, the tent is very liable from its conical shape to work itself out altogether, thus rendering the operation useless and even worse than useless. When the sponge is fully dilated, which will be at the end of ten or twelve hours, it is taken out and one of larger size inserted, until the cervix is sufficiently dilated to admit of the entrance of two or three fingers.

On comparing the different methods, it will be found that every one, excepting the douche and dilatation either by the tents or the hydrostatic bags, has serious objections against it. We should always choose that plan which involves the least danger, and it is certain from a comparison of the testimony and the results, that the douche and the tents are the safest and the most pleasant. With Dr. Barnes's bags American practitioners have very little experience, so that we have practically to choose between the two enumerated.

In regard to accelerating the delivery of the child when labor is fully established, Dr. Barnes recommends version. He contends that when the conjugate diameter of the pelvis is three inches or below, turning is the true method of accelerating labor. My experience in regard to version has been different from his, in fact, quite the opposite. I have found that there is always more danger to the child the longer the head remains undelivered after the body is born. Now, if version is performed, and the head is delivered last, there is much greater danger of the child's being asphyxiated than if the head is born first and the child has a chance to breathe should the cord be accidentally compressed. Asphyxiation should be guarded against far more than if the child were at full term and robust, for the child will be much harder to resuscitate than one which is delivered at full term.

CASE 1.—Mrs. C. M——, age 19, stout, hearty young lady. Labor pains commenced on Thursday night and continued until Sunday night, when forceps were brought into requisition without avail. Calling in a consulting physician, and using the forceps again, craniotomy was performed, as the child was already dead. She made a very slow recovery, not being able to pass water without the aid of the catheter for five or six weeks, or even to turn herself. Becoming pregnant again, I advised the induction of premature labor. The

amniotic fluid was drawn off by means of a stilette, and in four hours after labor pains commenced she was delivered of a living child, which did well and became strong and hearty. It lived eleven weeks, when it died of catarrhal fever in the care of another physician, I being sick at the time.

CASE 2.—The same lady being pregnant two years after, the uterine douche was used, and warm water thrown up the vagina every night for a week. At the end of this time labor came on and continued for an hour and a half, when she was delivered of a healthy boy. The child is still alive, and is now about ten years old.

CASE 3.—Mrs. F. P——, age 32, small woman with a very greatly contracted pelvis. She had borne four stillborn children before I attended her. With the fifth a midwife had been attending from Monday till Friday. On being called I delivered her of a child from the superior strait with the forceps. By using vigorous measures I succeeded in restoring the asphyxiated child. The superior strait was so much contracted that the head, which was soft, had been pressed in about a quarter of an inch by the promontory. I advised premature labor if she should become pregnant again, and accordingly, when she was seven months advanced in her next pregnancy she informed me of it. I made examinations from week to week, as in the other cases, until the head became hard, when labor was brought on by means of sponge tents, which I introduced on two successive evenings. The third morning pains came on and a living child was born, which is still alive. Last year, in another pregnancy, I had determined to bring on labor about January, but in December nature took the matter into her own hands, and premature labor came on spontaneously at six and a half months, the mother bringing forth a living child. This case is remarkable, as the child lived seventeen days; and had the weather been less inclement it would undoubtedly have become strong and healthy.

CASE 4.—Mrs. M. K——, age 19. Being in labor the first time, I succeeded in delivering the child with the forceps without resorting to craniotomy, but the child was dead. I advised her at the time that when she became pregnant again she should have premature labor brought on. This was done about a year after; sponge tents were inserted for three nights. Labor lasted about five hours, when I delivered her with forceps of a healthy boy. This child is at present about five years old.

CASE 5.—In the next pregnancy of the lady, about two years

after, labor was brought on with two sponge tents. Labor lasted about five hours, with the same results as before, the child living still.

CASE 6.—Mrs. C. B——, age 42. Of eight previous pregnancies had only one living child, which died when it was five years old. In her ninth pregnancy I was called after labor had lasted four days, she being attended by a midwife. With the aid of forceps I delivered a dead child from the superior strait. As she very much desired a living child, especially as she was growing old, I brought on premature labor in her next pregnancy with sponge tents. Labor terminated in four days, and a living girl was born which is still alive and hearty.

CASE 7.—In the eleventh pregnancy of the same woman, about two and a half years after, labor was again induced. Several days elapsed before pains commenced, and in the meantime the amniotic fluid had escaped. After three or four hours' severe labor she was delivered of a living boy, who on last accounts was well.

CASE 8.—Mrs. J. H——. In her first confinement I was called after a midwife had been with her for several days. After trying forceps, I was compelled to resort to craniotomy. In the next pregnancy premature labor had been decided upon, but was forestalled by nature, which brought on labor spontaneously. The child, however, was sickly, and died when it was three months old. In her next pregnancy she would not consent to the operation, and went to full term. Dr. Seip and myself succeeded in bringing the child down from the superior strait with forceps. The head was pressed considerably inwards, and the mother made a very slow recovery. The husband and wife refrained from cohabitation for nearly five years, but at the end of this time she again became pregnant. This time she consented to the operation. Sponge tents were inserted for nearly eight days before labor came on, probably because several times when labor pains came on the tents were removed, but the pains stopped again. The amniotic fluid had escaped two days previously.

I found a cross presentation with the right arm down and the head to the mother's right side. Version was performed and the left knee brought down. The body being born, there was great difficulty in bringing down the head, which was still in the superior strait. I applied forceps, but could not deliver the head quick enough, so the child died.

EXTRACTION OF THE FÆTUS WITH THE OBSTETRIC FORCEPS.

BY J. H. MARSDEN, A.M., M.D., YORK SPRING, PA.

(Read before the Pennsylvania State Homœopathic Medical Society.)

PERHAPS I owe an apology for presenting a subject apparently so trite and commonplace. It is doubtless one upon which most of us feel ourselves to be fully posted up—to know already all that is to be known. Be this, however, as it may, I do not stand here as your instructor, but rather for the purpose of eliciting your views, which, I trust, will be freely given. But whatever may be our knowledge, real or supposed, I do believe it still admits of increase, and this increase is in no way so likely to be effected as by a free interchange of thought.

As the subject of this paper is in the strictest sense professional, I respectfully ask that it may not be reported in the daily papers. It is one which, in my opinion, should not be read, even “by title,” in the public prints—one to which the beautiful line of Virgil most appropriately applies: “*Procul, ô procul este profani.*”

We have on former occasions, when honored with the privilege of reading papers before this Society, spoken of the choice of forceps and the best modes of its application. It is therefore not with these topics we at present have to do. We suppose the occasion to be a suitable one, and the instrument to be already properly adjusted, and all that remains to be done is to use it in the best manner, so as to effect delivery safe to both mother and child. This is an operation more important than it is perhaps generally regarded, especially by young practitioners. Throughout extensive rural districts we find women looking upon the “use of instruments” with the utmost horror. Many are the stories they tell us of smashed heads, lacerated genital organs, or, at the best, indescribable agony in delivery. These things ought not so to be. No woman ought to suffer as much, when delivered with the forceps, as she would in the same labor if left to her own unaided efforts to deliver herself.

When the forceps is applied to the head of the child and locked, the first question that presents itself is, How shall we grasp the handles?

We will suppose the instrument in use to be the *long* forceps, as this is most commonly employed with us, and I believe it is rapidly growing into favor. This instrument, when grasped near the end of the handles, has a very powerful lever-

age, and, if considerable force be employed, may very readily cause dangerous compression. This objection has often been urged against the use of the long forceps. The late Prof. C. D. Meigs, who was a strong advocate of the short forceps, used to say, jocosely, when giving his reasons for his preference, that "with it he could break just as many foetal necks as he desired," meaning that with the long instrument he would be likely to break more. But such a result is entirely unnecessary. If we grasp the long forceps near the lock, we convert it, so far as leverage and compression are concerned, into a short forceps. The hand so applied can scarcely, by any ordinary force, endanger the head by undue compression. This may be demonstrated by embracing the left hand of the operator, closed, within the forceps, while compression is made with the right, applied near the lock. Nor is there danger of the instrument slipping when it is thus taken hold of. If well passed over the head, and an easy lock secured, the maternal parts will keep the blades in place while the head is passing through the pelvis.

Nor need it be objected that we shall thus diminish leverage, and consequently lose the advantage of compression. The advantage of compression in delivery is probably greatly overestimated. The cranial cavity is filled with the brain and its circulating fluids, which have but little compressibility. If, therefore, we displace these from one diameter of the head, so long as its walls are intact we drive them to another; in other words, if we shorten one diameter by compression, we lengthen the one crossing this at right angles in the same proportion. This latter, too, is probably the one that needs to be shortened, in order to facilitate delivery. It is true that, in difficult labors, completed by the natural powers, compression is one of nature's means of accomplishing her end. But this compression is very different from that effected by the forceps. It consists in an exact moulding of the head to adapt its shape to that of the canal it is traversing. Thus its transverse diameters shorten, while its longitudinal diameter lengthens, giving the head that shape and appearance denominated wire-drawn.

It is better, therefore, to regard the forceps, not as a compressor, but as an extractor and a lever, the latter power, however, being very carefully used.

The next inquiry is, In what direction shall the extracting force be applied? We think a very simple answer may be given to this question, and one which will furnish informa-

tion adequate to all practical purposes. It is this: If the forceps be properly introduced and adjusted, the blades secured by an easy lock, well carried up, and the handles then permitted to rest where they are inclined, these latter will point in the direction in which the first extractive force should be applied. As extraction progresses, if the head advance, the handles will rise more and more, until, at the moment just before the delivery of the head, they may form a very acute angle with the surface of the anterior abdominal wall of the mother. As they sweep round almost a semicircle at every point, they still indicate the direction in which the extractive force should operate. No effort should be made to prevent the handles from rising, but, on the contrary, they should be so delicately held that the hand will, as it were, spontaneously follow them. To do this we have sometimes taken a position, on the knees, upon the edge of the bed, before the head, embraced in the forceps, was fully extracted. The adoption of this rule in practice, we believe, will prove more satisfactory to the operator, and safer to mother and child, than an attempt to modify the direction of force according to the position in the pelvis we may suppose the head for the moment to occupy. We should remember that, where the use of the forceps is demanded, it is the *vis à fronte* we are to supply, to supplement the *vis à tergo* of the womb, which is supposed, for the time being, from some cause or other, to be in abeyance or inadequate to the purpose. If this be furnished in accordance with the rule above given, the organism will do the rest; or, if incompetent, then the forceps must be thrown aside and other measures adopted.

A third question to be answered is this: Shall we extract by a direct force or by an oscillating pendulum movement from side to side? Many years ago, we think, the latter was the instruction almost universally given by professors of midwifery. Of late, however, this, like many other points which men had supposed to be finally settled or nearly so, has been called up again for discussion, and even former decision almost authoritatively reversed. Discussions upon scientific subjects are often aptly represented by the story of the dispute between the two knights about the composition of the shield which was said to be placed upon a post at the cross-roads where they chanced to meet. While one maintained it was gold, the other, equally positive, asserted it was only silver. Unable to convince each other by argument, as fools generally do they resorted to arms, an expedient with them,

as is mostly the case, equally unsuccessful. Tired of the conflict, each viewed the side at first seen only by the other, when lo! the shield was gold upon the one side but only silver upon the other.

We are thus apt to draw our conclusions from individual cases that may have fallen in *our own way*, and hence they are often wrong. There can be no doubt where the head is very small in relation to the pelvis it may be extracted by *direct* force. Further still, in such cases *direct* extraction will be the best, because it is the shortest way of accomplishing our object, and may generally be practiced in the case we have supposed without material risk to mother or child. But its universal adoption we deprecate. It must be admitted, however, it has recently been advocated by high authority. Dr. Mathews Duncan, in a paper lately read before the Obstetrical Society of London, so strenuously argues in its favor as scarcely to admit any reason to be found on the opposite side. He contends that the operator ought to know exactly the point in the pelvis which the head in its descent at each successive moment occupies, where resistance to its progress is encountered, and therefore should be able to apply *direct* force in such a manner as best to accomplish his purpose. It may seem, indeed, like presumption to criticize or even to call in question the correctness of the opinions of so great a man. We may nevertheless venture to say that whatever inspiration such a one may enjoy, it does not fall to the lot of all. Even though Dr. Duncan may possess such knowledge in perfection, it is unattainable by many. Such is the diversity in the shape of pelves, even not deformed, and more especially in fetal heads, that it seems to me to be beyond the reach even of mathematical calculation to determine with precision the exact points in which the latter, still unborn, shall encounter resistance in passing through the former. And further, even upon the supposition that these points be exactly determined, it appears to me that the varying of the direction of the force so as to avoid the resistance or obstruction to its progress that the head must meet in its descent, would amount to a movement equivalent to oscillation. Therefore, where the relation of the head to the pelvis is not such as we have supposed, that is, where there is any considerable resistance to be overcome, for reasons that we will presently give we should unite a gentle oscillating movement of the handles from thigh to thigh, and thus combine the leverage power of the instrument with its traction force. This movement serves, as it were, to tide the head

over obstructions, especially such as are created by the dragging down before it of the soft structures lining the parturient canal of the mother. Where the head fits tightly, these structures are liable to be torn or otherwise injured by a simple straightforward extracting force, especially if violent, as, if direct, it must often be; whereas by an oscillating or pendulum movement, when the head is thrown, say to the *right* side, the corrugated tissues on the *left* are permitted by their resistancy to fall back. Again, when the head is thrown to the left side, it, as it were, oversteps the tissues which had just partially receded upon that side, and allows those upon the other to fall back in like manner, and so on alternately till the head has passed. Practically, all experienced operators know how much, in difficult cases, gentle and skilful oscillation contributes to the ease of delivery. Even in the simplest mechanical operations we almost instinctively resort to a "from side to side" movement to overcome resistance which does not yield to direct force. A very familiar example is furnished in the removal of a ring which fits tight upon the finger.

In executing the above-described manœuvre, the utmost care must be taken to avoid rashness. The movement should be *slow* and *deliberate*, giving everything time to yield; the handles should not describe too large an arc, and the utmost precaution should be observed not to grasp the instrument too far from the lock or too firmly, so as to endanger undue compression.

Finally, it may be asked what time should be occupied after the adjustment of the forceps in effecting delivery. This question can be answered only by approximation. The time should be regulated according to the circumstances of the individual case. Where there is any impending evil to be avoided or mitigated by hasty delivery, this should be effected as rapidly as is compatible with the safety of mother and child, but *never violently*. Under ordinary circumstances we should act deliberately. "Time enough if safe enough." Where the head is tight, we should give time for that admirable moulding which the pelvis of the mother alone can effect. When the object is simply to afford a little additional aid to rather feeble natural powers which are likely to break down before the attainment of their end, we may simply apply some force in unison with the recurring pain, so as to relieve the womb in a great measure of its task. We thus husband the strength of our patient, save her from dangerous prostration, and secure for her a more rapid and perfect recovery than she might otherwise have.

DISEASES OF THE HEART.

BY BUSHROD W. JAMES, M.D., PHILADELPHIA.

THE term "heart disease," may be said to cover a multitude of sins on the part of physicians who are either too lazy, too careless, or not well enough versed in the different forms of cardiac disturbance to make out the diagnosis of each individual case; and happy is the man who does not believe in the necessity for a diagnosis, for "heart disease" fits nicely into almost any chink, loop-hole, or cranny through which a poor mortal slips suddenly into eternity. The sins, however, are not of commission but omission, and hence the long list of deaths from "heart disease."

Rarely, we are sorry to say, are autopsies insisted upon, or even asked for, in these cases, while there is really no class of deaths in which a post-mortem examination is more capable of producing real and substantial good for the whole profession, by aiding to clear up doubtful points and obscure signs. Why not learn something from each individual death, and as time rolls on let the different kinds of heart affections in "sudden deaths" be accurately determined. Many sudden deaths put down to disease of the heart, we believe, are not cases of heart disease at all, but arise from nervous exhaustion, the disease itself being located in some nerve-centre, and through sympathetic or transmitted action the heart is checked in its movement.

During the prevalence of the typhus petechialis in this city some years ago, we observed a large number of sudden deaths from this cause, all of which were called "heart disease." Some days as many as five or six would drop dead in the streets, and as no autopsies, or at least but few, were made upon these, it might truly have been called an epidemic of that fatal scourge "heart disease."

If a man has had previously symptoms of hypertrophy, or dilatation, or fatty degeneration, or inflammation of the heart or its lining membranes, or has had pericarditis, or hydrops pericardii, or valvular constriction, or insufficiency, or attacks of angina pectoris, either from aortic aneurism, ossification of the coronary arteries, or has aneurism of the thoracic aorta uncomplicated with other troubles, it ought to be known to his medical attendant, and the character of the disease made out some little time at least before the patient's demise, for characteristic symptoms attend all these affections. The examination we insist upon would, in this event, tend to cor-

roborate or set aside the accuracy of the diagnosis, to the mutual advantage of the profession and of the laity.

Sympathetic Action of the Heart in other Diseases.—Probably no other organ of the human body receives so many impressions from diseases in remote parts of the body, and no other gives out so many symptoms of a complicating and perplexing nature.

Take an ordinary attack of gout or rheumatism, and how universally is it found that the heart's action becomes more or less disturbed by the inroads of these diseases, and in many, too, from a thickening of the valves which the arthritic disease is prone to produce.

So, likewise, in albuminuria we can detect generally a heart disturbance, commencing either with the discovery of albumen in the urine or very shortly afterwards, and the heart symptoms mostly partake of the nature of those connected with hypertrophy or dilatation. We often find analogous results from disease of the ovary in females.

Ovarian dropsy is almost invariably accompanied with some cardiac disturbance, and whether the heart itself, having an altered action, causes the ovarian disease, or whether the great sympathy existing between the uterus and the chest organs exhibits itself in the heart as a secondary symptom from the ovarian irritation, is certainly a point not well settled, unless the previous history of the case decides for us.

If we have an unusual tendency to palpitation and cardiac distress, with frequent sighing respirations, and also find present a great disposition to nausea or vomiting, and no special disease can be detected in these organs to account for the symptoms, we should at once make careful inquiry concerning the condition of the uterus and its appendages, in order to see that there is not some irritation or inflammation thereabouts. If, after careful examination of the case, no such trouble exists, our next point for examination would be the brain and its outbranching nerves, together with the spinal cord. Blows on the head, especially if considerable nervous shock has resulted, will frequently embarrass a heart in its movements in such a manner as to almost check its pulsations, and yet no actual heart disease exist.

We also have murmurs produced in the heart from a great wasting of the body, or from great loss of blood, either internally or externally, but this can be ascertained by a record of the case and the character of the sound, and as soon as there is a sufficient supply of blood and its normal condition

is restored, these murmurs disappear without any organic disease resulting.

NOTE BY THE EDITOR.—It gives us great pleasure to announce a series of papers, of which this is the initial article, on “Diseases of the Heart and Lungs, their Diagnosis and Treatment.” Dr. James has, for some time back, given special attention to the treatment of diseases of these vital organs, and we predict that his writings on these subjects will be of a useful and practical character.

ON THE NATURE OF DRUG-ACTION.*

(A Lecture delivered at the London Homœopathic Hospital, Thursday, Feb. 22d, 1877.)

BY DR. RICHARD HUGHES.

WE have been occupied for the last two Thursdays in considering the explanations which have been offered regarding the *modus operandi* of remedies given upon the principle “let likes be treated by likes.” I have examined the views of Hahnemann himself; of Fletcher, as expounded by Drs. Drysdale and Dudgeon; and of Drs. Bayes, Sharp, Pope, and Dyce Brown. I have been compelled to the conclusion that none of them were sufficiently supported by evidence, or in such accord with our present knowledge, as to be accepted as affording the true *rationale* of homœopathic cure. It may be that you will expect me, on this last occasion of my addressing you at present, to put forward some theory of my own in substitution for those which I have called upon you to reject. Could I do so, it would be only fair that I should afford to those I have criticized an opportunity of criticizing in their turn. I much regret that I cannot give them this most reasonable satisfaction; but indeed I have no theory to propose. I have, it is true, certain suggestions to offer, certain indications of hopeful outlook to exhibit. But my main object to-day will be to bring before you an outline of the materials from which I conceive all future theory must be constructed, of the *data* we have for understanding the nature of drug-action.

I would begin by reminding you that the basis of all our knowledge on this point must be the science of physiology. Physiology tells us of the healthy substance and functions on which drugs act: we cannot begin to think of the manner in which they disorder unless we understand the order they derange. This, thanks to the unwearied labors of several generations of students, is very largely known. Some portions of it, indeed, are still obscure; some are yet of doubtful sig-

* From the Monthly Homœopathic Review.

nificance. But a large tract is fully open to our gaze, and there is substantial agreement as to its general features. It would be quite beyond my province to sketch here, however briefly, the special physiology of the body. But there are certain general principles regarding it which I must recall to your minds; if for no other purpose, at least to define the basis on which my reasonings about drug-action will rest.

First of all, then, I conceive it must be postulated that this organism of ours is not alive throughout and in every part. Whatever modification may be required in the time to come in "the protoplasmic theory of life," I think there can be no doubt of its substantial truth. The difference between hair and nails at the one extreme and the amœboid white corpuscle of the blood at the other is obvious; and we may follow either inwards or outwards as the case may be for some distance, ere we come to the region of doubtful import, where there may be gradual transition or a sudden transformation. All on one side is life; on the other it is non-life. Now this white corpuscle, which I have taken as the type of living matter, is a structureless, transparent, colorless, semi-fluid substance, consisting of minute, spherical particles, of very complex chemical constitution, and in continued spontaneous movement. Such is living matter everywhere, whether it be naked, as here, or, as in other parts (the cell, for instance), associated with material of another kind. The cell-wall may be taken as a type of this other substance. In it there is the beginning of structure, of rigidity, and perhaps of color. It is "formed material," and so far has passed from life to death, and has become the subject of chemical and mechanical laws, of which in its living state it was independent. Such formed material constitutes the great bulk of the organism both of animals and of plants, and determines the matter and fashion of their lives. But that which, in all and everywhere, lives the life is the protoplasm itself, the same whether animal or vegetal, the germinal matter which, like a soul, forms its own body, inhabits and animates it.

To this protoplasm life belongs, as elasticity belongs to india-rubber. Life is not a force, playing about it only at times, and capable of interchange with other forms of energy; it is its fixed, inherent property, never to leave it as long as it maintains its own integrity. But all this has been so fully expounded for us of late by Dr. Drysdale* and Dr. Madden,†

* *The Protoplasmic Theory of Life*, Ballière, 1874.

† *Monthly Homœopathic Review*, xv, 587.

that I need not dwell upon it here. I wish only to avow myself an entire adherent of the doctrine which the former has expressed in the two following propositions:

"1. That vitality does not reside in a separate principle, but depends upon the mode of combination of the organic parts themselves; and hence there can be no central vital influence communicated to the parts and dominating them, for the vitality of each must be inherent in itself, and, as a property of the material compound, cannot be transferred to the smallest distance; each part, organ, and even cell, therefore, possesses a quasi-independent life, and they are all bound together to form an individual merely by the ties of a central nervous system and common circulation, or some similar means when these are not present.

"2. That the property of vitality does not reside equally in the various organic structures requiring such different physical properties, but is restricted solely to a universally diffused pulpy, structureless matter, similar to that of the ganglionic nerves and the gray matter of the cerebro-spinal nervous system."

The doctrine is here stated in Fletcher's language, but this is in entire harmony with the latter putting of it which we have from Beale and the German physiologists.

Now this protoplasm, as it is the only vital substance, so does all the vital work of the organism. There is, of course, plenty of mechanical and chemical work done there, but with this we are not at present concerned. It is protoplasm which effects all those operations which belong peculiarly to living bodies. It is the formative agent for all their tissues; according to its situation it dies into (to use Dr. Beale's graphic expression) nerve, muscle, epithelium, areolar tissue, bone. And, lest by such continuous drain on its material it should dwindle away, it has the power of taking up fresh pabulum from the blood, and converting it into its own substance. It has been itself in other situations the appropriator of the food from the digestive canal and its elaborator up to the point at which it reaches the tissues; and now, by a final act of assimilation, it lays hold of it in its altered form, and absorbs it into itself, to reappear as the tissue it has to make. Thus the whole process of *nutrition*, from the time that the mechanical and chemical acts of digestion are over—the chain of operations consisting of chylification and sanguification, of the taking up of the blood-plasma by the tissues, and the formation from it of new material—all this is the work of proto-

plasm. No less is *secretion* performed by it. Secretion is but nutrition under altered conditions. It is merely that the matter appropriated by the glandular cells is formed by them into bile, saliva, and so forth, instead of into bone and muscle and skin. The process is the same, and the proceeder is the same—the everywhere present, everywhere active protoplasm. And as protoplasm is the agent in nutrition and secretion, so is it the seat of vital *function*. It is this which, in the gray substance of the nervous centres, enables us to think and feel, which receives impressions and conveys volitions. It is this, in all probability, which contracts in the muscles. Wherever we have living action,—action impossible to the same body when dead, and unknown in the extra-vital world,—there we have protoplasm at work.

This will suffice for our physiological basis. But before we go on to build upon it any theory of drug-action, we must dwell awhile in the region of pathology. Pathology is physiology altered by the causes of diseases in general, as pathogenesis—pharmacology we may call it for analogy's sake—is physiology altered by drugs. Hence the one cannot but throw much light upon the other. Since, moreover, pathology tells of that very disorder which by means of our remedies we seek to restore to physiological order, it is evident that we must have clear conceptions and substantial agreement about its principles ere we advance to pharmacodynamics.

Now as we have seen physiology largely concerned with the doings of protoplasm, so also pathology must be. If there are any diseases primarily mechanical or chemical, in these of course it would not come into account. But as most if not all of the maladies to which flesh is heir are disorders of vital processes,—alterations in nutrition, secretion, or function,—protoplasm must be the seat of these also. Let us see how it is in the two most frequent forms of disease, inflammation and fever.

1. The most obvious fact about *inflammation* is the change in the circulation of the affected part; the dilatation of its bloodvessels, the throbbing of its afferent arteries, its own redder color and heightened temperature. It was natural to suppose that this vascular disturbance was the prime factor of the process; that inflammation consisted in increased determination of blood to a part, and consequent functional change. But experiment has shown that such elements do not of themselves constitute inflammation. The circulation of a part may be greatly exaggerated by dividing its vaso-motor nerves, and

its color, temperature, and nutritive and secretory operations enhanced in proportion; but no inflammation need occur. The blood flows through it more rapidly, instead of having its current retarded; and there is an entire absence of exudation, and of swelling or pain. On the other hand, let an irritant be applied to a given spot, or conveyed thither by the circulation. There is the same dilatation of vessels and increased afflux of blood; but at the seat of irritation stasis soon supervenes, and liquor sanguinis and corpuscles begin to be extravasated. If any secretion is carried on there, it is (at least as far as the production of fluid is concerned) diminished even to arrest, and nutrition, though still exaggerated, is perverted. There is, in Hughes Bennett's words, increased attraction but diminished selection; and formation is hurried, but imperfect. What can we conclude but that the protoplasm of the part is the seat of the irritation; that the circulatory changes are subsidiary only, and the real seat of inflammation is (as Lister and Virchow teach) the extravascular tissues.

2. We have a corresponding series of facts in regard to *fever*, which is—as Fletcher long ago pointed out—inflammation in the system at large. Here, too, the circulatory disturbance is that which arrests the attention, and by which the older observers sought to explain the phenomena. In dilatation of the bloodvessels throughout the frame, preceded or not by their contraction, with quickened action of the heart, they thought they had all the necessary elements of the case. But experiment now proves that we may have these conditions without any fever necessarily being associated with them. They may be induced, for instance, by paralysis of the arteries, brought about by removal of the vaso-motor centres. The result of this proceeding is to make the subject of experiment very sensitive to its environment. If the animal be placed in a hot room, it does become feverish; but if the surrounding temperature be lowered, its own bodily heat falls in proportion, and it may readily die from very moderate cold. Clinical observation, moreover, ascertains that increased heat of the blood itself is the real essence of fever; that the febrile chill, when it occurs, is the first sign that such increase has begun; and that the subsequent hot period, as also its several common phenomena, depend upon the heightened temperature of the blood stream, and vary with its intensity. Then, going a little farther back to ascertain the cause of the augmented heat of the blood, we find preceding it as well as accompanying it throughout evidence of increased metamorphosis of tissue.

That this precedes the rise of temperature shows that it is not caused by it; on the other hand, physiology tell us that it may well be its cause. We can follow Dr. Burdon Sanderson, therefore,* when, after examining all the elements of fever, he comes to the conclusion that at present we must be content to refer it to increased heat-production, and to connect this with the tissue changes occurring in the protoplasm.

I need hardly tell you that fever and inflammation, in their various forms, lie at the bottom—constitute the proximate cause—of a very large proportion of the diseases we have to treat. The remainder are mostly “functional” disorders—increase, diminution, or irregularity of the action of the various organs of the body. As protoplasm has been seen to be the seat of function also, we are not beyond its sphere when dealing with these disorders. The only difference is that we have now to do with its *vis* rather than its *substantia*, with the energy it puts forth rather than with its own internal operations of appropriation, assimilation, and transformation of pabulum. Inflammation and fever belong to it as the agent of nutrition; neuroses, spasms, and such like derangements are connected with its functional duties. It is here that, under the action of stimuli, we may have a *plus* and a *minus*, and a *minus* following a *plus*; we can hardly conceive of them in inflammation and fever, as these have now been presented.

One word about secretion. This process, though merely nutrition under altered conditions, by this very alteration comes somewhat within the domain of function. It may be altered by inflammation or fever; but it is easy to conceive of it as having a *plus* and *minus* of its own, independent of these processes, independent even of the state of its blood-supply. Idiopathic polyuria, for example, seems to be simply exaggerated functional activity of the Malpighian bodies of the kidneys, without nervous or circulatory disturbance to cause it. We must bear this in mind when discussing the influence of drugs on glandular organs.

Another as to the relation of the nervous system to the rest of the tissues. That the various operations of organic life are not carried on by nerves is obvious when we consider that they all exist in plants, without a trace of it being present. We do not need nervous intervention, then, for any of the actions or sufferings of protoplasm; and hence an exclusive neuro-pathology is as false as would be a neuro-physiology.

* See Practitioner, vol. xviii.

But, on the other hand, the nervous system in man and the higher animals does occupy so important a place that it may take part in every process, healthy or morbid, to some extent; and it would be wrong to limit its possible influence anywhere and on anything. It is not only the seat of animal life, but by its control (through the muscular coats of the arteries) of the circulation it has much power over the organic operations themselves; and if there be secretory and trophic nerves, ending in the cells themselves, it may disturb them still more directly.

Yet one more remark. It follows, from what has been said, that every organ of the body is a complex whole, admitting of being reached in various ways. Its own inherent living matter may be affected; and this either by its nutrition being disordered in the special manner we term inflammation, or by its functional activity being directly increased or diminished, or diminished after previous increase. Again, this functional—and perhaps also nutritive—disturbance may be affected mediately through the nervous supply of the organ, which also has control over the circulation of the part, whose disorder may in its turn be the cause of functional change. Function may also be affected secondarily, through altered nutrition, as by the supervention of inflammation or fever.

These, gentlemen, seem to me to be the physiological and pathological *data* required for the construction of a theory of drug-action; and to that subject I shall now address myself.

All writers on the subject begin by distinguishing between the mechanical, the chemical, and the dynamic effects of drugs. The distinction is as true as it is obvious, and the ground of it is not far to seek. Drugs can act mechanically and chemically upon the body because a large portion of it, being no longer alive, has come under the dominion of mechanical and chemical law. And that they have another action over and above these exactly corresponds with that which physiology has shown us, viz., that there is in every organism, animal or vegetal, a certain proportion of living matter, exempt from the operations of merely physical laws, and subject to actions and reactions all its own. The dynamic influence of drugs is exerted upon the living matter of the body—upon its protoplasm.

It is with these dynamic effects of medicines that homœopathy, as a distinctive method, has to do. Homœopathsists—so called because they acknowledge the rule *similia similibus* and its practical corollaries to be by far the most important thing in therapeutics—may have at times to avail themselves of the

mechanical and chemical influences which drugs can exert; and they, as well as others, must understand these and know how to apply them when they are needed. But the method they predominantly follow is concerned with the dynamic actions of medicines only; and to these, accordingly, my further remarks must be understood exclusively to refer.

Drugs act upon protoplasm; but in so doing they make manifest that which is otherwise ascertained to be true, that all protoplasm is not the same protoplasm. They do not affect all parts of the body indiscriminately and alike, but select one or more organs, or tissues, or regions, and there expend their power. This *elective* action of drugs is no novelty; it has been made the foundation of a system of practice by Rademacher, who himself traces the thought to Paracelsus. But it receives very little recognition in the orthodox school of medicine, and even in homœopathic philosophy has hardly taken the place it deserves. We are, in this country, much indebted to Dr. Sharp for his insistence on the truth of the local action of drugs, though few of us could follow him in proposing to substitute "organopathy" for homœopathy, and advising us to adopt a merely "anatomical basis of therapeutics." But previous to the appearance of his essays bearing these names, Dr. Imbert-Gourbeyre had, in his *Lectures Publiques sur l'Homœopathie* (1865), called attention to the same fact, and formulated it as the "law of electivity." Dr. Drysdale also has laid much stress on what he calls "specificity of seat," connecting it with the special irritability displayed by the various parts for their natural stimuli and for causes of disease, and extending it to the minutest localities or nerve-branches which have anything independent and special about them.*

Special seat of action is the first fact about the behavior of drugs, and special *kind* of action is the second. The absence from "organopathy" of any recognition of the latter was the chief objection which most of us felt and raised to it. Dr. Sharp has since admitted kind of action as one of the links of his chain; but he makes little account of it, and seems to consider the (supposed) opposite effects of large and small doses of drugs to be the chief fact of this order. Dr. Drysdale, on the other hand, has dwelt upon and illustrated what he calls the *qualitative* action of drugs at considerable length. He shows that as there are specific as well as common inflammations, so

* See British Journal of Homœopathy, xvii, 86.

there must be medicines related to the special quality present as well as to the generic lesion—medicines appropriate to gouty, rheumatic, and syphilitic inflammation in virtue of some peculiar similarity to their exciting cause. He goes on to make some very interesting remarks on the fact of certain remedies being specially indicated by the nature of the exciting cause of the morbid condition to be treated—as *Arnica* when this is mechanical injury, *Dulcamara* when it is damp cold, and so forth. He argues that there must be a qualitative difference in the affections produced by these various causes, and a corresponding one in the drugs which thus become their best remedies. He also points out, as others have done, that at the same seat there may be set up very different pathological processes; that the intestines, for instance, may be affected by cholera, common diarrhœa, the typhoid process, tubercular ulceration, and dysentery, and require different remedies accordingly to modify their disorder.

So far I am entirely at one with Dr. Drysdale. But I am obliged to make another distinction as to the kind of action of drugs which he refuses to recognize. As I have said, he maintains Fletcher's theory that all drugs are primarily stimuli, analogous to the natural agencies so called which evoke the phenomena of healthy life; he will not allow any depression to be caused by them save as the exhaustion following overstimulation, and he thinks (or thought) that they cause the inflammatory (and probably, though he does not mention it, the febrile) process by such primary and secondary actions upon the vascular nerves. I have given my reasons for being unable to follow him here. There are three things, I apprehend, which drugs can do with protoplasm. They can affect its functional operations simply, and this either by exciting or depressing them; or they can induce that morbid change in its work of nutrition and tissue-making, which (in its full development) locally we call inflammation, and generally fever. The function-modifiers are those drugs which, from their giving rise to nervous phenomena chiefly or solely, we call neurotics; and I should add to them the myotics, which seem to influence directly the unstriated muscular fibre. *Strychnia* is the type of the general neurotic excitants, of which there are very few; the general neurotic depressants include all the true narcotics and sedatives, as *Opium*, *Conium*, *Gelseminum*, *Curare*, and *Physostigma*. Some of these affect mainly or entirely certain divisions of the nervous system—the motor, sensory, or ganglionic; others embrace all in their action. As

a direct excitant of (unstripped) muscular fibre I may mention *Secale*; as a direct depressant of it, *Amyl nitrite*. Then there are local neurotic drugs—as those emetics which act as such when introduced otherwise than through the stomach—*Ipecacuanha*, *Tartar emetic*, *Apomorphia*, and the rest; *Digitalis* and *Atropia*, in their opposite influence on the cardiac vagus, are other instances of the same class. There may be local myotics, but I do not know any. The modifiers of nutrition form a still larger collection. To this belong all those substances which toxicology classes as irritants, so far as their irritation is not a mere chemical effect, as with the strong mineral acids. That they act topically only, and not when introduced into the circulation, would not disqualify them for this place; but they must be used topically as remedies also. There are many true irritants, however, of which toxicology knows nothing; for they produce no dangerous effects. Nor would they be discovered by the method which has recently come into so much favor—of experiments on the lower animals with large single doses. In this sphere they can only be recognized by persistent administration over a length of time, as carried out by Wegner with *Phosphorus*, and by our colleague, Dr. Eugène Curie, with *Bryonia* and *Drosera*. But the main source of knowledge regarding them is proving on the healthy human subject. It is thus that we get a number of drug effects which are not explicable on the supposition of a *plus* or *minus* state of any function, but which, if not inflammatory or febrile in the full sense of the words, at least show enough signs of these morbid conditions to evidence a power on the part of the drugs of causing them if pushed far enough, and to lead us, on the principle of similarity, to give them for their cure. How many a feverish condition in childhood yields to *Calcarea*, how many a smouldering inflammation is put out by *Sulphur*!

I would divide drugs, then, in their influence upon protoplasm—in other words, their dynamic operation—into two classes, those which affect its performance of function, and those which disorder its nutritive processes. There are, of course, many drugs which belong to both classes, as toxicology recognizes in naming some poisons acronarcotics. Each substance must be separately studied, and examined on its own merits. But the classification I have proposed, whether affecting the whole or only a part of the actions, is no less valid. It fits in, moreover, with an important distinction in the dynamic effects of drugs which have been much insisted upon both by Dr. Drysdale and Dr. Madden. The latter,

regarding chiefly the fact that some properties are common to a number of drugs—as emesis, purgation, and the like—and others peculiar to individuals,* has named them *genicodynamic* and *idiodynamic* respectively. The former, pointing out that the common dynamic effects of medicines are producible at will, while the peculiar ones depend for their production on the presence of a special susceptibility in the subject, would call the one *absolute* and the other *contingent*. Now I think that if these generic actions of drugs, producible at will, be examined, they will all be found to belong to functional excitation or depression; while the peculiar effects, which require special susceptibility, are nearly if not quite always disorders of nutrition. The subcutaneous injection of *Atropia*, for instance, will always dilate the pupil, always depress the inhibitory influence exerted upon the heart by the pneumogastric. But it is only in this individual or in that that it produces a scarlatinal rash or an inflamed throat, that it induces neuralgic pain or excites fever. Dr. Drysdale has forcibly pointed out that it is the contingent effects of medicines which we chiefly use in applying the law of similars, their absolute actions being often entirely incongruous therewith. “For example,” he writes, “if we are watching a group of chest symptoms produced by *Tartar emetic*, or the characteristic pustular eruption on the skin, and suddenly a large emetic dose is given, though the whole action is certainly that of *Tartar emetic*, yet if we admit the vomiting as a part of either morbid picture, we should be unable to comprehend it.” On the other hand, the vomiting of *Tartar emetic* is a true dynamic action of the drug, and may be used as an indication for its homœopathic application in disease when occurring *per se*, or with its usual associated phenomena. Dr. Imbert-Gourbeyre, also, without distinguishing between the absolute and contingent effects of drugs, lays much stress on the latter, and adds *contingenter* to the *similiter* and *elective* in which he formulates homœopathic action.

He also adds *omni dosi*. Dr. Drysdale agrees with him,

* See British Journal of Homœopathy, viii, 13. So Trousseau and Pidoux. “In special medicines, in medicines properly so called, above all in poisons, we find two elements. They enjoy properties which belong to the whole genus; these are their common properties, which scarcely excite in the organism more than common and general action, as to stimulate, irritate, weaken, calm, etc. But they possess, beyond this, special properties peculiar to each, and which excite in the organism morbid actions more or less resembling the symptoms of disease.”—(Introduction to *Traité de la Mat. Méd.*)

and shows that herein lies another distinction between absolute and contingent symptoms, the former requiring the drug to be given in a certain quantity for their production, the latter being singularly independent thereof. You may, in proving a medicine, reduce the dose until its recognized physiological effects cease to appear; but, unless the subject of experiment be insusceptible to its action, he will manifest one or more of the peculiar phenomena which belong to it. Trousseau and Pidoux, also, who recognize these "special effects" of drugs, say that "if we wish to obtain them, small doses must generally be administered, for then the common effects are very little perceived." Dr. Drysdale believes that the same independence of quantity holds good in disease; and that, where a condition resembling the contingent effects of a drug is present, you can hardly (within certain limits) give so small a dose as to fail to benefit, or (and this is a new point) so large a dose as to aggravate. Everything depends on the special susceptibility of the part; and, this once exhausted, the medicine has no longer any influence upon it. He illustrates this view by a case in which *Glonoïn*, given for a neuralgia because of the presence of some of its characteristic pathological effects, caused its well-known throbbing headache, without aggravation—and rather with amelioration—of the troubles for which it was administered. He thus extends the *omni dosi* of Dr. Imbert-Gourbeyre's formula to the other extreme also of the scale. A similar thing appears in provings. You will see ever and anon in Hahnemann's pathogeneses the term "curative effect" applied to a symptom. This does not mean (save sometimes in the quotations from authors, as under *Iodium*) the result of the administration of the drug in disease. It means that the prover who took it, though otherwise in good health, was morbid in this particular, and that the medicine, while causing pathogenetic effects elsewhere, finding disorder already present, here reduced it to order. To take an indisputable instance. One of the most constant effects of iodism, as observed in the sensitive Genevese patients, is palpitation; but, "in a case altogether exceptional," Trousseau writes, "M. Rilliet has seen palpitation cease, instead of appearing or increasing, under iodism; *the patient was one habitually subject to it.*"

Let us consider now the bearing of what has been said upon homeopathic action and its rationale.

A drug which by elective affinity acts upon the same part as that affected by disease, and in a similar manner, must

needs have a potent influence upon that part when administered as a remedy. It cannot, as in health, induce its morbid action there, for it finds such action already present; it can only do one or two things—aggravate (or keep up) the disorder on the one hand, or on the other reduce it to order. As a matter of fact we find that, unless the dosage is quite unsuitable, it does the latter. Silently and peacefully, without evacuation or other intermediate process, without (again supposing the dose not to be excessive) any disturbance of healthy parts, it extinguishes the morbid action at the seat of mischief; and the only trace of its working is that, where there was a storm, there is a calm; where there was pain, there is ease; where there was weakness, there is strength. Now such medicines are what in common parlance are styled “specifics.” Dr. Drysdale defines the character of these to be, that “their whole physiological is absorbed into their therapeutic action.” He is not, of course, speaking of the inner process, or he would not have employed so loose a word as “absorbed,” to which Dr. Sharp, supposing him to use it scientifically, objects. He is viewing the process as it is phenomenally, and no phrase (I think) so well expresses it.

And then to explanation. Are we unable to conceive of this apparently homœopathic action of our medicines being really such? Are we compelled in thought or by fact to believe that their inner action is antipathic? I think that a somewhat different answer may be given according as the effect of the medicine we are using is of the absolute or the contingent order. In those functional exaltations and depressions which many a drug causes, common to it with others, and producible at will if a certain quantity is administered—in such a region we may have primary and secondary actions, we may have opposite effects from different doses; and our cures may be wrought by counteracting secondary states in disease with primary states caused by the drug, or by opposing the action of one dose to morbid conditions similar to those producible by another. Such antipathic medications, whether practiced under homœopathic appearances or without them, may accomplish all we require. But I think that *plus* or *minus* functional states like these, though frequent enough in pathogenesis, are far from being common occurrences in the actual disorders we have to treat. When existing at all, they are generally indications of some nutritive disturbance at their root, or single features of a complex state similarly induced. How rarely is paralysis, for example, a purely “functional”

disorder! Nearly every form of it is traceable to inflammation or softening of the nervous substance; even the diphtheritic variety, which did seem to have no lesion associated with it, has been found on deeper investigation to be connected with definite central alterations. So that, although the antipathic cure of functional excess or defect is easier of conception, and perhaps more in accordance with fact than the homœopathic, I do not think that we are therefore justified in inferring that all or even the greater part of apparent homœopathy is real antipathy. When we come to nutritive disturbances—to those alterations which in their full development are inflammation and fever, we have entered a different region. There is no *plus* and *minus* of opposition possible here, no conceivable reverse action of large and small doses in health. We have got beyond dose as an important element in the result; if the contingent susceptibility be present, the drug will cause disorder in almost any quantity, and cure it in almost any. You have only to read a few detailed provings and a chapter or two of Rückert or Beauvais to see that this is so. All laws about the curative dose being as little below the physiological as possible, fail here, however they may hold good in the absolute region; for there is no physiological dose for contingent effects. It is very significant that Dr. Sharp admits that he has not yet touched the subject of infinitesimals; all his statements about “large” and “small” apply to differences between grains and hundredths of grains. In like manner I think he will find that he has not yet touched the subject of nutritive as distinct from functional disorder. While in the latter the curative operation of apparently homœopathic remedies may be antipathic, in the former I can see no room for such working and no evidence but against it. *Aut simile, aut nihil*; there is no trace of anything but homœopathy from the surface to the deepest root.

But the final question comes to be, How can homœopathy, how can the action of a medicine working in a similar direction to that of a disease, be curative? To this question I do not think we can as yet give a definite answer. I myself have a strong expectation that the explanation of homœopathic cure is to be looked for in the analogous phenomena manifested by those physical forces which have been ascertained to consist in vibrations or undulations. We have here frequent instances of two streams of influence neutralizing one another—two rays of light producing darkness, two successions of sound—

waves resulting in silence. There are difficulties in such a conception; and it is far from being proved that the vital operations in health or disease are vibratory motions. At present I only suggest the analogy, which at any rate shows us that we do not have opposition to produce counteraction. I think that for the present we can only say, with Hahnemann, that the irritation of disease is neutralized by that of the medicine, while we need not follow him into his hypothetical additions of the superior strength of the latter, of its substitution for the former, and of its own final removal by the reacting vital force.

One word in conclusion. We have been dealing in the three last lectures, but especially in this final one, with the scientific questions connected with homœopathic cure. We may, I think, be glad that that cure itself does not rest upon debatable inferences from yet undemonstrated facts, but is rather the outcome of a sure rule of art. Whatever the doctrines of physiology and pathology may be, it remains certain that the application of drug effects to the symptoms of disease is best regulated by the canon—"let likes be treated by likes." The results of the analysis of either group of phenomena may differ according to the analyst; but the method of healing we call homœopathy deals not with analyses, but with syntheses. It is the connection of clinical observation of disease on the one hand with drug-proving on the healthy human body on the other by the link of *similia similibus*. And here we all agree. We differ, as these lectures have shown, in our explanation of the facts; but we are all at one as to their existence. Those who most stoutly maintain that our medicines act antipathically in the system seek as earnestly as others to insure their being as homœopathic as possible on the surface. I am not one who would bar inquiry into the theory of the facts with which we have to deal; on the contrary, I know of no art which has not been enriched by its associated sciences. But we must all be thankful that the arts preceded the sciences, and that they have their own independent life. It is as one of the modes—to our minds, by far the best mode—of the Art of Healing that homœopathy advances its claims, and challenges criticism.

INDICATIONS FOR MUREX PURPUREA IN DISEASES OF WOMEN.

BY B. F. BETTS, M.D., OF PHILADELPHIA.

BY the publication of the following comparisons between *Murex* and some of the other animal secretory products useful to us in the treatment of diseases peculiar to women, I do not wish to be understood as recommending it as a remedy that will supersede any of the old polychrests, such as *Sepia*, *Sulph.*, *Calc. carb.*, *Puls.*, *Lach.*, or *Lyc.*, for, as is very well known, each one of these has its own appropriate place, and they have all done so much for "the gentle sex," that their record is imperishable; and not to give them credit for much of the favor with which our system has been received, would be like treating old friends with disrespect. But as *Murex* can sometimes be summoned to our assistance with advantage when other remedies, apparently well indicated, fail to cure, the following comparisons may be of service.

Both the cuttlefish, from which we obtain the *Sepia*, and the Purpura, which contains the remedy under consideration, inhabit the same localities, particularly the Mediterranean and Adriatic Seas; and each pours its own secretion into a pouch or bag located near the centre of its body. And, as we might expect from these *natural* relations, we find these two remedies having very similar pathogeneses. If with these we classify *Apis* and *Lachesis*, we will have four animal secretory substances which act upon the female reproductive organs in a marked degree. If we generalize, we may say that *Apis* and *Lachesis* act upon the ovaries especially, whilst *Sepia* and *Murex* act more upon the uterus. *Sepia* and *Murex*, more than *Apis* and *Lachesis*, disturb the regularity of the menstrual flow.*

The *Sepia* patient has late and scanty menstruation. The *Murex* patient has frequent and profuse menstruation,† and as is usually an attendant upon the latter condition, a strong sexual desire. The *Sepia* patient has but little sexual desire; she is melancholy, sad and indifferent, even towards those she loves and members of her own family. The *Murex* patient is of a nervous temperament; a lively and affectionate disposi-

* If we adopt the nidation theory of menstruation, we can account for a remedy acting upon the uterus to disturb the regularity of the menses without actually causing the rupture of a Graafian follicle each time to produce the flow.

† This is the great characteristic difference between the two remedies.—C. DUNHAM.

tion, or the opposite condition of melancholy may prevail from the effects of disease, as has been noticed in conjunction with cancer of the uterus, for which *Murex* has been given with good results in some cases. *Apis* and *Lachesis* both have *suppression* of the menses, with congestion to the head; and *Lachesis* may sometimes be indicated in *scanty* menstruation, but mostly after *Sepia* has been previously administered, and when the flow of blood from the vagina produces marked relief. *Murex*, *Sepia*, and *Lachesis* will each produce favorable results in ulceration of the os uteri, when indicated by the symptoms; whilst *Apis* will have but little influence upon the *ulcerated* condition. *Murex* will be indicated when there is soreness complained of in the region of the cervix, or a feeling as though something was pressing on a sore spot in the pelvis, with pain in the right side of the uterus going into the abdomen or thorax, with watery, greenish, leucorrhœal discharge that is irritating to the parts, with dragging and relaxation in the perineum, pains in the hips, loins, and down the thighs, and great suffering from exertion. The indications for *Sepia* are very similar. It produces the same kind of leucorrhœal discharge, and similar painful sensations in the hips, loins, and thighs, but when the menses are *early and profuse*, *Murex* is to be preferred. *Lachesis* will be indicated in ulceration of the os, when the ulcer is very sensitive to touch, bleeds easily, when there is a sensitiveness (no soreness) about the abdomen that renders the contact of the clothing very disagreeable, strong sexual desire, and menses regular (*Lyc.* is often indicated *after Lach.*, and will produce a rapid change in the condition of the ulcer).

Sepia, *Murex*, *Apis* and *Lachesis* are frequently indicated by the character or location of the pain complained of. The pains of *Murex* are described as sensations of soreness, or there may be stitching pains in the os uteri. The pains of *Sepia* are shooting, stitching and burning in character. *Apis* has sharp, plunging, *stinging*, stabbing pains in the uterus, or in the head, sometimes followed by convulsions during the menses, pain in the *right* ovary. *Lachesis* pain grows gradually worse and worse, until a flow of blood occurs from the vagina, when the pain is relieved; after awhile it gradually comes on again, to be again relieved by a similar flow, pains going up into the chest; *left* ovary affected, with aggravation after sleep. The frequent and profuse menstruation of *Murex* renders it similar in this respect to *Calc. c.*, but with *Calc. c.* the abnormality seems frequently to depend upon some dyscrasia of the

system, unattended by pathological changes in the uterus. And, as with *Nux vom.*, and other remedies having frequent and profuse menstruation, the symptoms are sufficiently characteristic to distinguish between them.

WEATHER PROVING.

BY BUSHROD W. JAMES, M.D.

(Read before the Hahnemann Club of Philadelphia.)

MAY.

Barometer.—Monthly mean, 30.00; highest, on 12th inst. 30.39; lowest, on 22d inst., 29.46; monthly range, 93 of an inch. The only barometric depression occurring during the month, accompanied by dangerous weather, was on the 22d inst., when rain fell with a 32 miles per hour wind velocity.

Temperature.—Monthly mean, 61 degrees; highest, on the 18th, 90 degrees; lowest, on the 2d, 41 degrees; warmest day was the 19th inst.; coldest day was the 2d inst.; greatest daily range of temperature, on the 18th, 25 degrees; least daily range, on the 8th inst., 8 degrees. The unusually high temperature prevailing from the 16th to the 21st inst. led the casual observer to think it was unusual temperature for May, and the thermometer did reach the highest point in past seven Mays, yet the mean for the month is among the lowest recorded.

Wind.—Prevailing direction from the north, with the highest hourly velocity, on the 22d inst., 32 miles.

Other Phenomena.—Lightning was observed on the 17th, 20th, and 22d; northern aurora on the 2d and 28th. Both displays of the last-named phenomenon were quite extensive and powerful in their electric influence on telegraphic lines, and their force was so great during a portion of the time that their currents were freely utilized, entirely dispensing with chemical batteries of supply. This is the first appearance of the aurora in this vicinity since February, 1875.

Disease Tendency.

May is almost invariably a healthy month; it has followed out its usual course in this direction.

As this is a comparatively mild month, and corresponds in itself to the summer-like climates of the mild valleys of Cali-

fornia in the winter season, or the winter climate of Florida and the Gulf States, there is less sickness and fewer deaths, and in this month occurs the lull just previous to the outbreak of cholera infantum and other diseases peculiar to the hot months.

At the beginning of the month, rheumatism, acute catarrh, variable aches and pains, epistaxis, drowsy and languid feelings and headaches, were the principal features. In about a week, diphtheritic sore throats, hæmorrhoids, neuralgia, sore throat and earaches manifested themselves. Some cases of quinsy occurred, and also of hæmorrhage.

From the 13th of the month, for about a week or ten days, we had very hot weather for May, but notwithstanding this fact cases began to improve, and continued with no very great tendency to disease during the remainder of the month, with the exception of the 22d and 23d, when sore throats, fresh colds, rheumatic and neuralgic pains were more noticeable. Measles, however, prevailed in a light form throughout the month.

CASES FROM PRACTICE.

BY DR. KOECK.

1. A WOMAN came to my office with her hands bandaged. She had an eruption in the *vola manus*, extending to the back and fingers, full of large and small vesicles filled with a clear fluid. Some of them burst at the attempt to extend the fingers; clear water was discharged. The woman remarked that the blisters always refilled, burst again, and that there was no end of it. She enjoyed the very best of health every other way. Dr. Schüssler says, in the chapter "Skin and Subcutaneous Tissue:" watery, not sticky secretion, with or without vesicles, the vesicles containing a watery, not sticky substance, *Natrum sulph.* or *Natrum mur.* I gave the former in the fifth trituration, to take one grain in three parts, dissolved in half a wineglassful of water. I considered the clear water in the vesicles a mere exudation from the bloodvessels, which, according to Schüssler, may be regulated by the drug. Also according to Grauvogl, Glauber salt acts best in hydrogenoid constitutions, and certainly in this case the blood must have contained too much water; salt, on the contrary, stands more in relation to the glands of the mucous membranes and of the lachrymal glands, and therefore was not suitable. In a week the blisters were all dried up, and did not fill up any more.

2. An old lady of fifty-six years went about with blue spectacles, and was thus well known in her neighborhood. Three years ago she went over fields covered with snow, on which a glaring sun shone with full power, and immediately she complained of a severe pain in the right eye, followed by loss of sight. She put snow over the eye, with great relief. Her country physician leeches the eye and physicked her bowels. For three weeks she remained in bed, but the sight did not improve. An oculist gave her another purgative, and used unguent. hydrarg. around her eyes. The mercury affected her teeth, but did not touch her sight. Prof. Rothmund gave her Iodide of potass. for some time, but this also failed. She now looked to homœopathy for aid, though she sees nothing with her right eye and little with her left. It seems to her as if everything were mist, and she only sees the dark shadows of the passers by. On the left eye there is more or less diplopia. External examination reveals the conjunctiva, cornea, and iris perfectly normal. Examination with the ophthalmoscope presented a kind of nebula before the retina, coming, probably, from the vitreous body. Throwing the light sideways, the retina, with the papilla, looked dim, and its veins looked like dark network; in particular places were dark, irregularly limited spots, appearing as residue of former hæmorrhage; the arteries looked pale and narrower in their lumen than usual.

The whole pathological process seemed to be diffuse, and I considered the dulness of the retina as a product of a former retinitis, whereby, also, the vitreous body became affected, and our duty was to cause a resorption of this exudative dulness. According to Rothmund, retinitis emanates from the connective tissue, and its product is fibrinous. We have, therefore, at first a hypertrophy passing into fatty degeneration, and *Kalium chloratum* and *Sulphur* are the similars to such pathological processes. She received eight powders of *Kali muriaticum* in the sixth potency, with the direction to dissolve daily a powder in half a glass of water, and take one part in the morning and the remainder in the evening. After taking twelve powders more she could recognize outlines far more clearly. After taking the remedy at longer intervals for four months, her sight had greatly improved, with a favorable prospect of regaining her sight fully.—*A. H. Z.*, 22, 1877.

BUCHU.

A REVIEW.

THE article in your March number makes certain points which require notice. (The case, I suppose, proved fatal.)

First.—The definition *may* imply that “*crenata*” is a word meaning *odor*. It means, simply, that the leaf is peculiarly toothed, viz., the points inclining neither forward nor backward; and this term is therefore incorrectly applied, as inspection will show.

Secondly.—The drug, as taken, was mixed with *paregoric*, itself a compound of opium, camphor, and benzoic acid (all of which have no mean influence in the urinary sphere), and finally either extract of liquorice or honey, according as the old or new formula is adopted.

Now by what right can we say that the patient presented any positive Buchu symptoms? To my mind, the record is of very doubtful value indeed for any such purpose. As illustrating the fallacy of allopathic therapeutics it may avail something.

The last sentence of the article proves that *Benzoic acid* symptoms prevailed over those of Buchu, and hence the *paregoric* did more than the latter, pathogenetically.

Finally, hot sitz-baths, *Alumina* and *Muriatic acid* seem to have been overlooked in treatment.

J. C. M.

CASES FROM PRACTICE.

BY J. M. MOORE, M.D., SAN FRANCISCO, CAL.

SMALL-POX—VACCINIA.

FOR several months last year San Francisco was suffering under an epidemic of small-pox, which has now subsided. It commenced on the 19th of May, the first case being imported from the Eastern States on an emigrant train. The 10,000 or 12,000 Chinese in this city have suffered considerably, and the disease may still be lingering about their dark and filthy haunts. The mortality has been 24.3 per cent. of all cases in the hospital or reported in private houses. Of the cases under homœopathic treatment no record has been kept, but I have not heard of any fatal cases under our system.

I herewith present a case showing the action of vaccinia in confluent variola:

Benjamin B., aged 24, sent for me August 28th, 1876. I found him suffering under variola of an intense form, and threatening to prove confluent. He does not know how or where he was exposed to the contagion. He never had small-pox before; was vaccinated successfully when an infant, and has a *faint* mark on right arm, but has never been revaccinated.

On August 21st he felt as if he had a cold. On the 23d had a frontal headache. On the 24th, pain in the back, not severe, and red pimples appeared. These developed into the vesicular stage by the 28th, and I at once pronounced on the nature of the case. A lay friend had given him Acon. and Bell. in alternation since hearing of his "cold." I now gave him Vaccinia 2, one grain of the trit. every two hours. The case progressed very favorably, and with the aid of a little protection from collodion on the face, and a darkened window, he has recovered without any "pitting." His sleep was pretty good from the first complete outbreak of the papules. On the seventh day from the commencement of my treatment, I gave him Sulph. 1, same dose, same frequency, and he rose from his bed on the eleventh day, "feeling quite strong," he said. A few doses of Puls. 1 were required during his convalescence to remove a slight inflammatory condition of the testicles.

Vaccinium has never disappointed me in the treatment of variola. It seems to affect the "totality of the symptoms" in such a curative direction that the whole course and progress of the disease is changed. I also consider it to be the best prophylactic, if any such exists, outside of vaccination, against variola. Great care must be taken to obtain pure and carefully prepared triturations.

GLEANINGS FROM THE GERMAN.

BY W. H. WINSLOW, M.D., OF PHILADELPHIA.

(FROM *Mittheilung. an die Mitglieder der Hahnemannia.*)—
In the year 1873 we mentioned the fact that a Würtemberg committee of five apothecaries sought to prohibit the delivery of medicines to homœopathic practitioners. As it occurs to nobody to control the apothecary, though he treats the sick

without getting the advice of a physician, one should not take it amiss in the doctor if he treat the sick without making use of the accommodation of the apothecary.

We do not grudge the patients who are led astray by an apothecary's title of doctor, and who through them mean to do without the advice of an experienced physician, and we should never have interfered with this layman practice if the threatening apothecaries and their colleges had left us homœopaths in peace.

The committee were not satisfied with the laurels they had won with the aid of allopathic physicians, in trying to show the unscientific character of homœopathy; and, it seems, established a regulation, which was verified by a law enactment, that decimal potencies should not be delivered except upon prescription, upon which, of course, the apothecaries could charge a handsome profit.

This excessive zeal in the service of allopathic privileged science seemed to us madness, especially as we had heard that the much-abused remedies were sold and profited by, by some of the members of the pharmaceutical council. So we sent to get a dilution of Aconite. It was immediately supplied, and to our great surprise upon the label there stood: "Homöopathische Apotheke, J. Haidlen, in Stuttgart." Then we tried to get low dilutions without a prescription, and received Secale, Mercur., Aconite, etc., in the 2d and 3d without delay, and without any prescription.

In order to leave no chance for evasion, that the second and third delivered were prepared according to the old genuine Hahnemannian (centesimal) scale and not by the decimal scale, introduced into Württemberg, a letter was sent asking for: Jod., 2d decimal dilution; Bell., 1st decimal dilution; Aconite, 1st decimal dilution; Merc. sol., 2d decimal solution; Pulsat., 2d decimal solution.

Our messenger received the medicines without any delay, labelled as before, and their color left no doubt about their being the genuine forbidden decimal dilutions.

We refrain from condemnation, but hope that Mr. H. and his confreres will in future leave practitioners who use homœopathic dilutions in peace. To apothecaries, who with their allopathic drugs have purchased some homœopathic remedies, we give it to consider, that upon a correct and conscientious delivery of the desired homœopathic medicines, the life of a human being often depends.

(Idem.)—A woman, æt. 26 years, brunette, otherwise healthy

and robust, with regular menstruation, suffered from weakness of sight and pain in the eyes, for treatment of which she applied by letter to a homœopathic physician. The medicine ordered had no favorable action, and to the other symptoms was added later a tearing-piercing pain in the Eustachian tubes.

She came to me June 18th and said that her hearing was affected, and she had a deep pain behind the zygoma. I ordered Bell. 3^x, two drops to be taken in water every three hours. Four or five days later the patient returned and reported herself no better. I noticed, during my examination, that her pupils were dilated, the color of the face bad, and blue rings around the eyes, which led me to diagnose a tape-worm. Upon further questioning she confessed to abdominal pains in the region of the navel, upon which I ordered four powders of Santonin, one to be taken at bedtime and one in the morning, fasting. Within three days twenty-six pieces of a large mawworm were discharged, the pains ceased, and the sight and hearing became normal.

(In *Homoöpathische Monatsblätter*.)—Dr. Baumann discourses upon *Calendula*. It can be applied with profit to all bleeding wounds, either as a poultice with water or as strong tincture upon a cotton bandage. It is invaluable in lacerated and punctured wounds, for the injecting and washing out, as well as for the healing of suppurating, bad-colored, foul-smelling sores. It is the only external remedy of use in caries. It promotes the healing of varicose swellings and ulcers exceedingly. It is very valuable for sores which result from chafe and pressure. Ten per cent. of *Calendula* tinct. rubbed up with *Ungt. cereum* (5 pts. of olive oil to 2 pts. yellow wax) is advised. (Probably the *Ceratum simplicis* of the U. S. P. would do as well.—TRANS.)

It can be spread upon cloth or be rubbed upon the injured part. The tincture may also be rubbed industriously with washed lard, and be applied like the ointment.

The following clinical cases are reported :

A horse ran away and struck so violently against a brick wall that he wounded the left side of his head severely, as well as the region about the hip-joint. Both knees were also injured, which, as we know, is a great obstacle to subsequent sale. Applications of *Calendula* ointment healed up the wound so well, that two months later, at a sale, not the least sign of the injuries was perceived.

A. B., a girl, æt. 13 years, stuck a needle so deeply into the

first joint of her middle finger that the point could be felt on the other side. It was cut out and cotton saturated by Calend. tr. was closely applied. The wound was perfectly well in a few days.

F. R., a soldier of infantry, received in the battle of Gravelotte a shot through the left upper thigh, which completely shattered the joint. He arrived almost in a dying condition. The suppuration was very profuse, bad-colored, and stinking, and there was hectic fever of a high grade. He was admitted into the Memminger Hospital January 7th, 1871. I undertook his treatment the fifteenth day, though I had not the least hope of his recovery.

As the hospital surgeon had been applying warm-water dressings without any effect, I commenced immediately with the Calendula tincture. Thirty or forty drops were added to a pint of warm water, and the wound was injected with it three times a day. The wound was left uncovered, so that the pus could drain into a vessel. In four days there was marked improvement in the quantity and quality of the discharge, and the hectic symptoms had diminished. Under the continued use of the tincture the healing process went slowly but steadily onwards, and the general health improved.

A threatened danger came from the removal of a large fragment of bone, for which it was necessary to make a bloody enlargement of the wound. Erysipelas supervened, which extended rapidly to the back. However, upon the administration of *Rhus tox.* 5^x, every three hours for three days, it entirely disappeared. The suppurating process had become perfectly normal, and I covered the wound with charpie moistened by Calendula tincture. The injections were continued uninterruptedly. Sleep, appetite, and strength left little to be desired.

The eighth week the happy man could make a few movements with his leg, but, as the wound did not close, I supposed some fragments of bone still remained, and wished to operate for their removal. Just then an order arrived to send all the wounded to Augsburg, and for the patient's comfort in transportation I deferred the examination.

At Augsburg a fragment of bone and a small piece of lead were removed.

A few weeks later, R. returned in order to thank "his saviour" again. His leg was shortened somewhat, but he could march bravely forward to his wife and children in the longed-for home.

MYELITIS PARALYTICA.

BY S. LILIENTHAL, M.D., OF NEW YORK.

LIEDESDORF, of Vienna, has just published "Psychiatric Studies," and one of them, myelitis paralytica, throws some light on the disease usually known as progressive paralysis of the insane.

His clinical assistant, Dr. Jacob Weiss, asks in relation to this progressive paralytic myelitis, *Do we find in every case of progressive paralysis a diseased state of the spinal cord, and do certain manifestations in the course of the disease correspond to the pathologico-anatomical state found in the autopsies?* His answer perfectly agrees with Westphal, that a morbid spinal cord can be detected in all paralytic cases, and that in progressive paralysis of the insane in consequence of a morbid disposition in the cerebro-spinal system, either the spinal or at other times the cerebral part of the nervous system may be affected simultaneously or consecutively.

He gives then fourteen cases, observed during the last few months, and their autopsies. We may be allowed to extract a few.

J. W. F., 35 years old, entrance into hospital December 27th, 1876. 1871 he had a fall on his head and remained unconscious for a quarter of an hour. From that time a mental affection developed itself progressively, and with difficulty of speech. Weakness in the lower extremities followed, steadily progressing to total paralysis. The patient offers the picture of a far progressed mental alienation. He is constantly in good humor and contented; he does not know where he is, nor can he tell anything about himself; grand ideas prevail through his demented state; difference of pupils; features relaxed; severe fibrillary twitchings in the somewhat deviating tongue; considerable tremors of the extended hands; gait heavy and slow, the feet are hardly lifted from the ground, rather shoved along; when the patient turns about he is in danger of falling. It is very difficult to understand what he says. In his last days, with decreasing vitality, increased reflex irritability was observed. Patient, who could not leave his bed any more, showed newly general clonic twitchings in the upper extremities two days before his death, March 15th, 1877.

Autopsy by Prof. Meynert.—Great moisture of the internal meninges; the frontal convolutions remarkably atrophied, the cortex shows remnants of hyperæmia, in fact more œdema. The medullary substance œdematous, soft, anæmic; the walls of the ventricles covered with excrescences, their contents in-

creased. The point of the division of the carotids stiff and ossified. Dura and pia spinal is normal. A horizontal cut below the cervical swelling of the cord shows softening of the white substance; the gray substance sunk in so that its contours could not be made out. The same changes in decreasing proportions were found down to the lumbar intumescence, where the softening ceased, but the region of the left anterior horn falls still below the normal level.

IV. S. J., 34 years, took sick April, 1875, without any known cause. He showed slight maniacal excitement, acted foolishly, and his judgment was perverted. The dementia increased more rapidly than the motory disturbances. During the last stage he became more irritable, maniacal, perfectly incoherent, and unclean. Clonic twitchings appeared in the upper and lower extremities or only in solitary muscular groups, and an extensive *lymphangitis*, emanating from a slight excoriation, finished his life, May 11th, 1876.

Autopsy (Dr. Chiari).—Great œdema of the internal meninges and of the anæmic brain; spinal meninges normal; great œdema of the entire cord. The medullary mass, increasing on its downward course, pushing itself out; the gray substance everywhere sunk below its level. In the lumbar intumescence the gray substance, especially the anterior horns, very red, and on the left side numerous bloodpoints.

VI. H. L., 30 years; merchant; entered hospital April 20th, 1875. No anamnesis nor etiology. He has the most exorbitant ideas of grandeur, and shows difference of pupils, facial paralysis, deviation of the tongue, and disturbed speech. During his first stay in the hospital he was very talkative, very easily irritated, gradually became monotonous; opposes great resistance to every passive motion, moans at the least touch, and finally stupor sets in. During his last days general tetanus sets in at every attempt to count his pulse and to percuss his chest; spasms of the sphincters, a rise of 40° in temperature; at last stiffness of the neck came on, and he died May 23d, 1876.

Autopsy (Prof. Meynert).—Diminished tension of the dura, anterior leptomeningitis; atrophy of the brain with high graded chronic hydrocephalus; excrescence of the ependyma and maceration of the walls of the ventricles. Œdema of the cerebral medullary substance, especially of the frontal and lateral lobes; elongation of both posterior cornua; emphysema pulmonum; chronic morbus Brightii. Arachnoidea spinalis diffusely of a dull color, so that the underlying bloodvessels can hardly be discerned. The vascular injection

of the pia weak on account of œdema through the whole length of the cord; white softening in the neighborhood of the second to fourth lumbar vertebræ.

IX. M. M., 44 years old, entered hospital July 13th, 1875. Dismissed from his office, he became very irritable, with maniacal paroxysms. In the hospital the demented patient rants constantly about his big place; does not know where he is, and is of unclean habits. Pupils myotic, without reaction, deviation and tremor of the tongue, facial paresis on the right side, disturbance of speech. After a series of paralytic fits during September and October, paresis of the left extremities is observed, steadily increasing up to his death, October 24th, 1876.

Autopsy (Prof. Meynert).—Periencephalitis diffusa chronica of the frontal lobes and of the anterior part of the temporal lobe. Chronic hydrocephalus, with elongation and spreading of the posterior corona, exerescence of the ependyma, tuberculosis of the apices of the lungs with cavities of the left side. Beginning hepatic atrophy. Chronic intestinal catarrh. The spinal cord softened down to the lumbar region, the gray substance pale.

XIII. B. E., 37 years old, enters hospital May 3d, 1876. Explains in a disturbed manner, and with a heavy tongue, that he gave up business as incompatible with nobility and wealth. He is emaciated, pale, pupils different, and the speech is accompanied by choreic twitchings of the facial muscles; features relaxed; the tongue is protruded with difficulty and trembling; tremor of the hands; upper and lower extremities are in continual choreic agitation. During his last week, he moves about in a kind of stupor; does not understand the questions, and energetically opposes every passive movement, though he cannot give any reason for it. All motions are trembling, more like electric shocks. The opposition to all intended changes increases to tetanic contractions. July 11th, he appears full of anxiety, trembles all over, refuses food, and can only be nourished with great trouble. July 17th, he has two convulsions in rapid succession, followed by coma, and dies July 20th.

Autopsy (Prof. Meynert).—The pia frontalis and verticalis dull. The corticalis reddened and contracted with the medullaris, which is hyperæmic. The sulci in the frontal and vertical region larger than usual; both posterior horns elongated; contents of ventricles increased; catarrhus et œdema pulmonum; thickening of the capsule of the spleen; chronic gastric and duodenal catarrh; the spinal meninges normal; the sub-

stance of the cord not essentially altered in consistency; the gray substance remarkably reddened, gradually declining downwards.

XV. Th. J., 39 years old. Showed only for the last few months symptoms of mental alienation. He is slightly irritated, when entering the hospital, July 28th, 1876, and is full of grand ideas; owns everything, and nothing is impossible for him to accomplish. He fails to recognize time or place, and with his alienation progressive debility manifests itself mentally as well as bodily; slight disturbance of speech; slight difference of pupils; left-sided paresis of the face; tremors of the hand; walks with his feet spread out. After a few months his mind was gone; speech unintelligible; features relaxed; in constant danger of falling; and thus gradually sinking he died December 10th, 1876.

Autopsy (Dr. Chiari).—Dulness and thickening of the meninges over the anterior half of the convexity. Submeningeal discolored hæmorrhage of an old date over the right median frontal and anterior central convolution. Œdema of the meninges and of the atrophic brain; chronic hydrocephalus internus, with excessively proliferating ependyma of the walls of the ventricles; œdema of the spinal cord.

Dr. Weiss remarks in relation to the topographic extension of the disease, that the portion of the lateral columns lying near the posterior cornua is mostly in all cases touched. The anterior and antero-lateral columns are hardly ever much affected, the posterior columns suffer the most. Microscopically, all abductions showed that granular cells, *i. e.*, granular lymphoid bodies (a pathological emanation of the myelitic affection) are regularly found in the spinal cord of paralytic patients. Although the number of abductions made in relation to progressive paralysis are yet too small in number to come to a positive conclusion, still we may already assert a *close connection of progressive paralysis with a myelitic affection of the spinal cord, manifesting itself by grave motory disturbances, which in their intensity would remain unexplained by the state usually discovered in the cerebral hemispheres.* Schule is right when he considers the myelitis paralytica a primary affection, and Westphal came to the conclusion that brain and spinal cord in progressive paralysis show equal morbid disposition, and that *progressive paralysis of the insane must be considered as a diseased state of the entire cerebro-spinal system*, where, in some cases, the affection prevails in the brain, and in other cases in the cord, but in most cases brain and cord are affected in equal intensity.

PUBLICATIONS RECEIVED.

CLINICAL THERAPEUTICS. By Temple S. Hoyne, A.M., M.D., etc. Volume 1. Parts I and II. Chicago: 1877.

In 1868, Dr. E. C. Chepmell, then physician to the Hahnemann Hospital, London, published a series of papers in book form, entitled, *Hints for the Practical Study of the Homœopathic Method*, etc. Probably no work published of late years for the benefit of homœopathic practitioners was more deserving of a wide circulation and careful study than this, and probably none was ever treated with greater neglect. Dr. C.'s treatise is a *practical illustration* of the homœopathic method of curing, as demonstrated by himself in the treatment of patients in the Islington Homœopathic Dispensary, and as an exemplar of homœopathic practice it has but one objection, namely, that it relates the experience of but a single practitioner, and is, to that extent, unreliable. In the work before us the author, Dr. Hoyne, gives us practical illustrations of how to cure homœopathically, as a fitting supplement to the teaching of the doctrine that likes are to be cured by likes. He is known throughout the country as an earnest student and teacher of *Materia Medica*, and has a ripened knowledge of the actions of drugs, both to produce and to cure symptoms; he is, therefore, the more capable of making selections of illustrative cases. He has adopted the plan of taking up a remedy, Aconite, for instance, and showing under it a large number of cured cases, carefully selected from reliable reporters, by which are demonstrated just what the drug *has* done and *can* do again. The cases selected as illustrations have been chosen, "not on account of the cure being made with a high or low potency, but on account of the clear indications of the remedy;" and these cases have the indorsement of good names to them in almost every instance—names of men who are known to us as capable of truthful expression, close observation, and careful prescribing. We are of the opinion that Dr. Hoyne has displayed a good deal of sound judgment in making his selections, and it is well that it is so. Homœopathy is afflicted with a class of practitioners who do not hesitate to manufacture both provings and cured cases—who are, in fact, simply liars. Frequently these bogus cures and symptoms are so barefaced as to be easy of detection, while, on the other hand, they are often so ingeniously disguised as to pass muster for a long time, and, of course, deceive many. We know of a young physician whose youthful face was far from likely to invite the confidence of women, yet who reported during the first year of his practice a very large number of cases of prolapsed uterus—the prolapse verified by digital examination in every case—all of which were cured by *Lilium tigrinum*, the cures being verified also by examinations. There is no marvel in this statement, neither that a young graduate should have so many of such cases to treat nor that he should cure them all with a simple remedy, when it is taken into consideration that he simply lied. Such a statement, of course, carries with it sufficient evidence of untruth as to make it harmless, but it is not always so. It is, therefore, gratifying to note, on looking over the pages of these two numbers of clinical therapeutics, that the cases selected are vouched for by good names.

Part I contains Aconite, Belladonna, Bryonia, China, Nux vomica, and part of Phosphorus; and Part II, the conclusion of Phosphorus, Rhus toxicodendron, Sulphur, Veratrum viride, Arnica, and Carbo vegetabilis. We understand that Part III will soon be put to press. Dr. Hoyne deserves a great deal of credit for conceiving and so handsomely carrying into execution so valuable a work, and we trust he will receive such substantial support and encouragement as his efforts and his book deserve. We would suggest to him the propriety of giving briefly the

source of every case taken from journals or other printed books, so that those who wish may refer to the original and "read up" for still further light. We also think it would be a good plan for the author to issue, say with Part III, a copious index to the three published parts. Of course the author will give a full index at the close of the work, but it is a long time to wait until the ten or twelve parts are issued.

The parts are published at one dollar each, are handsomely printed on fine paper, and when the work is completed it will make a very handsome as well as very valuable volume. Every practicing physician should subscribe for the work, and he is sure of getting more than his money's worth.

REPERTORY TO THE NEW REMEDIES, BASED UPON AND DESIGNED TO ACCOMPANY HALE'S SPECIAL SYMPTOMATOLOGY AND THERAPEUTICS. By C. P. Hart, M.D., etc. New York and Philadelphia: Boericke & Tafel. Pp. 200.

Every practitioner who has availed himself of Hale's works—and who has not—has doubtless felt the great need of a repertory to the symptomatology of the many valuable remedies therein contained. The work before us admirably supplies the want. It is the repertory *par excellence* to Hale's *Materia Medica*, and renders easy of access the valuable matter stored in that great depository of drug effects. It is the *Sutro* tunnel that will enable us readily to gather the precious metal otherwise so hard of access. We feel under deep obligations to Dr. Hart for his valuable work, and especially so on account of the intelligent manner in which he has prepared it. As the author states in his preface, "No attempt has been made at condensation at the expense of precision and clearness. On the contrary, care has been taken to preserve not only the precise signification, but also, to a considerable extent, the exact language of the text; the chief aim being, as just stated, to reproduce the Symptomatology in a complete analytical and classified form. Some may regard this as a troublesome arrangement as well as a needless refinement. Others, on the contrary, desiring to be able to trace out, in the readiest manner, the finer shades of the pathogeneses, will, we doubt not, agree with the author in regarding it as the most valuable feature of the work." This, in our opinion, is as it should be.

The *Repertory* is divided into thirty sections, comprising the usual headings, such as Mind, Sensorium, Head, Eyes, Ears, Appetite, etc., and ending with Section XXX, Generalities. The work is handsomely printed on fine white paper, with the headings of the subsections in an attractive type, to which the eye at once refers. Every one who has Hale's work will find this *Repertory* indispensable, and its issuance will, no doubt, be an inducement for others who have not Hale to secure that work since the key to it is now accessible.

In his preface the author credits the work done on the "Fever Section" to Dr. Neidhard, of Philadelphia, and finding himself in error, hastens to make the following explanation, which he desires to have published.

"CORRECTION.—Dr. Neidhard, of Philadelphia, informs me that his friend, Dr. Rembaugh, prepared the first draft of the *Fever* section, in the *Repertory to the New Remedies*, and that he had nothing to do with it, except to ask him to undertake the work. I regret that I was not informed of this fact in time to give Dr. R. due credit in the preface to said work—C. P. HART."

This work is on sale by the publishers and by all homœopathic booksellers.

THERAPEUTICS OF DIPHTHERITIS. A Compilation and Critical Review of the German and American Homœopathic Literature By F. Gust. Oehme, M.D., Staten Island, N. Y. *Second Enlarged Edition.* New York and Philadelphia: Boericke & Tafel. 1877. Pp. 84.

While diphtheria continues to be the scourge it is, and defies medication and hygiene and all that can be done to avert its coming or stay its devastations, every scrap of literature referring to it will be welcomed by the practitioner as a possible source from whence can be drawn a possible prevention or cure. A good many years ago we were settled in a quiet country town, where there was not much life and consequently not much sickness and death. On one occasion we were called to see a young lady, bright and beautiful, and the "pride of the village," for what was supposed to be a simple ailment, but she "felt so weak" that her mother thought it best she should have the doctor. Within twenty-four hours thereafter that girl was dead. Her parents were almost crazed, the quiet community was excited, and the doctor felt as if he would be obliged to some one if they would but knock him in the head for a numbscull. The next train carried the doctor to the late Dr. Williamson, who, as usual, was kindness itself, quieting the young physician's distress by a few comforting and assuring words, and giving information as to the disease and its literature. The disease was diphtheria, and its literature was of a scanty pattern, but that young doctor travelled from bookstore to bookstore until he had gathered it all, and then took himself to his home to face the storm with some protecting aids about him. His allopathic "brethren" had made the best of his absence, and he found himself looked upon by the most wrathful as a murderer and by the most kindly as an ignorant pretender. But within a week some eight or ten other mysterious and more or less sudden deaths occurred, all in the hands of the allopathic fraternity. By-and-by it came about that the tables were turned, and the formerly despised homœopathist became the great authority in cases of diphtheria, even in most intensely allopathic families, when it became known that under homœopathic treatment a large majority of those attacked recovered, while the allopathic treatment was as the withering blast of the simoom to the already laboring and distressed caravan, carrying with it almost certain death.

He who gives a good book to the profession on the treatment of diphtheria is a benefactor of mankind. Dr. Oehme has certainly done this; for although he claims nothing more for his work than that it is a compilation with "critical reviews," he has done his work so well and thoroughly as to merit all praise. How thankful would we have been for this brochure in the time referred to above, but riches only come by toil, and strivings, and sorrow, and death.

The pamphlet is neatly printed on fine paper, and we have no doubt that the profession, recognizing its value, will be glad to procure copies of it.

On sale by Boericke & Tafel and by all homœopathic booksellers.

EDITORIAL NOTES.

HOMŒOPATHY IN WOODBURY, N. J.—It will appear that the good citizens of Woodbury, N. J., hold in high esteem the two homœopathic practitioners of that city, inasmuch as they have elected one of them, Wallace McGeorge, M.D., Mayor, and the other, Daniel R. Gardiner, M.D., a member of the City Council for three years. They have done themselves honor in choosing such estimable citizens to look after the interests of the city.

HOMŒOPATHIC MEDICAL SOCIETY OF TENNESSEE.—The annual meeting of this Society took place in Nashville, December 6th, 1876, and several papers were read and discussed.

The officers elected for the ensuing year are: Dr. L. D. Morse, of Memphis, President; Dr. C. R. Doran, of Nashville, First Vice-President; Dr. W. A. Edmonds, of Memphis, Second Vice-President; Dr. William C. Duke, of Nashville, Secretary; Dr. T. E. Enloe, of Edgefield, Treasurer.

The next meeting will take place in Memphis, September 19th, 1877.

A NEW WORK ON DISEASES OF THE HEART.—Dr. E. M. Hale proposes to prepare a complete treatise upon *Diseases of the Heart and their Treatment*, and to this end he invites the co-operation of the entire profession, of whom he requests the furnishing of illustrative cases and corroborated symptoms. Let each one furnish something, and Dr. Hale will give us a good book.

HOMŒOPATHIC ENTERPRISE IN TEXAS.—Dr. C. E. Fisher, of San Antonio, Texas, has been publishing for some time back a four-page sheet devoted to the interests of homœopathy in the Lone Star State, entitled *The Pellet*. Dr. Fisher now proposes to start a regular journal. If he does so we will gladly welcome the new publication. Such efforts are worthy of all encouragement, as they do a good work in spreading the new art of healing.

NEW YORK OPHTHALMIC HOSPITAL.—The following are the returns from this institution:

REPORT FOR THE MONTH ENDING

	Feb. 28th, 1877.	March 31st.	April 30th.
Number of prescriptions,	3072	3235	3377
“ new patients,	452	399	490
“ patients resident in the hospital,	25	27	39
Average daily attendance,	134	120	135
Largest “ “	184	177	191

A TREATISE ON THE BREAST.—In the last volume of the A. J. H. M. M. was commenced the publication of “A Treatise on the Breast,” by J. H. Ostrom, M.D., of New York. Since the discontinuance of that journal Dr. Ostrom has been assiduously pushing his book through the press, and it may now be expected to appear about the first of July. From an examination of the advance sheets of this treatise, we find the work will be an exhaustive one on both the anatomy, physiology, diseases and treatment of this important organ, making this a book that should find a place on the shelves of every physician.

GRADUATES.—Of the graduates of the last class of the Hahnemann Medical College, Dr. E. M. Howard has formed a copartnership with Dr. H. H. Cater, of 411 Linden Street, Camden, N. J. Dr. J. H. Knox has located at Orono, Me.; Dr. Wm. M. Haines at Ellsworth, Me.; Dr. F. O. Lyford, at Farmington, Me.; Dr. J. P. Scott, at Baltimore, Md. Drs. Geo. Allen and Eugene R. Corson have received appointments as internes at the Ward’s Island Hospital, New York.

THE UNIVERSITY OF PENNSYLVANIA.—Not a little interest has been excited in both the medical and general community of this city by the recent rumors, statements, and counter-statements, relating to a resolu-

tion in the Medical Department of the University of Pennsylvania. Now that the smoke has cleared away, it appears that the chairs of Chemistry, Physiology, and Clinical Surgery have been made vacant by resignation, and that the Trustees have decided upon the adoption in the future of an obligatory three years' graded course of instruction, thus following the example of Harvard and Boston Universities, in carrying out in full the plan first inaugurated by the Hahnemann Medical College of Philadelphia in 1861.

This new departure of the University will meet the approval of every one interested in the advancement of medical education, and indicates the near approach of a time when a graded course of instruction must be adopted by every medical school of the country. How much this change of policy may have influenced these resignations does not appear, yet, inasmuch as one of the retiring members accepts a position in a rival institution which retains the old method of instruction, it may be inferred that the change was not made without opposition.

The three years' graded course, which the Hahnemann Medical College has the honor of first introducing, has heretofore been left optional with the classes of that college, although strongly recommended by the faculty, and each year taken advantage of by increasing numbers of students. It is probable that another advance step will soon be taken, making this course obligatory upon all.

PERSONAL.

DR. WALTER M. DAKE, second son of Dr. J. P. Dake, of Nashville, and a graduate of the Hahnemann Medical College of Philadelphia, has located at Jackson, Tennessee.

WILLIAM A. BEVIN, M.D., has removed from Keyport, N. J., to No. 70 Academy street, Trenton, N. J.

T. H. MANN, M.D., has removed from Block Island, R. I., to Woonsocket, R. I.

CHARLES M. THOMAS, M.D., has removed from 1619 Locust street to 1319 Arch street, Philadelphia.

HENRY R. STILES, M.D., late Medical Superintendent of the State Homœopathic Asylum for the Insane, at Middletown, N. Y., has established an office at No. 33 West Twenty-third street, New York, for consultation in and treatment of diseases of the mind and nervous system.

O. H. CROSBY, M.D., is permanently located at Atlantic City, N. J., and is commended to physicians having patients at that delightful seaside resort as a careful and skilful homœopathic practitioner.

DR. W. JEFFERSON GUERNSEY, since the death of his father, has returned to his old home at Frankford. His address is 4430 Frankford Avenue, Philadelphia.

MARRIED.—KEEP—YEOMANS.—On Tuesday, March 27th, 1877, by Rev. J. Stanford Holme, D D., of Brooklyn, assisted by Rev. Frederick G. Clark, D.D., Lester Keep, A.M., M.D., and Miss Caroline J. Yeomans, M.D., of New York. The newly married couple will practice medicine under the firm name of Drs. L. and C. J. Yeomans Keep, and their address is corner Gates and Vanderbilt avenues, Brooklyn, N. Y.

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No. 12.

FÆCAL PATHOLOGY.

BY W. H. WINSLOW, M.D., PHILADELPHIA.

EXAMINATIONS of the fæcal dejections of a patient are generally made with a stick at long range. The examiner proceeds usually in a rapid and superficial manner, and seems to be afflicted by sudden presbyopia. Inquiry is limited to the consistency, the presence or absence of biliary colors, froth, mucus, slime, pus, blood, and undigested particles of food. The reaction is seldom noticed, unless markedly acid. The coarser characteristics are noted, but the finer composition is in most cases entirely neglected. Not one physician in a thousand ever subjects a stool to chemical and microscopical examination. In many cases it is not necessary, and in others, the natural disgust which arises in contemplating the work to be done, is generally sufficient to prevent action.

As consequences, fæcal pathology is in its infancy, and physicians remain ignorant of much which might be made useful in diagnosis, prognosis, and treatment.

The fæces often present strange and puzzling appearances, and a knowledge of their abnormal constituents will prove comfortable to a physician, even if he should not find in them any indications for treatment.

Hysterical and maniacal patients sometimes introduce incongruous things into the rectum, and quid nunes, outside the profession, suppose them to have been swallowed.

Bones of lower animals, pieces of wood, minerals and metals, pin-cushions, coins, and toothbrush handles have been found inside the sphincters. Vesical calculi sometimes ulcerate through the walls, and appear at the anus. The bones from

an extrauterine pregnancy have been thus delivered, and cystic tumors have emptied themselves by this favorable channel. Parasites and their products, sloughs of the intestinal mucous membrane, fibrinous casts of the same, hepatic calculi, and a great variety of food concomitants may be sometimes seen in the stools.

The other day a colleague sent me some dirty, shreddy masses which were passed in considerable quantities in the stools of a female patient. No symptoms were communicated. The coarse appearances narrowed the question to whether they were débris of food, fibrinous casts of the bowels, or sloughs of the mucous membrane.

Appropriate treatment and microscopic examination showed them to be intermuscular septa and partially digested striated muscular fibres, and hence connected them with the food.

A very small object found in the fæces of a child was submitted to me by Prof. O. B. Gause. It had the appearance of a row of beads imbedded in yellow wax. I was surprised to find the beads to be spores of the fungus, *coleosporium tus-silaginis*, belonging to the *cæomacei*, a parasite found upon living plants. It was learned that the child had eaten banana, and I afterwards found in the skin of one which I purchased analogous spores, and mycelium. This is of interest, because the spores bore a striking resemblance to the eggs of some of the intestinal parasites.

The importance of microscopy and pathology need no better illustrations than I have given. The sneers of Hahnemann were not against pathology, in which he was well versed, but against the application of remedies to the *products* of disease, and against materialistic deductions from those products. Many of his disciples have misunderstood his position, and ignored this important branch of medical science. The better men are awakening to the importance of pathological studies as aids to a correct understanding of medical philosophy.

Without pathology, a physician is like a navigator without charts or compass, sailing through strange seas by dead-reckoning and the light of stars.

A great deal of work must be done, and the data recorded, before we shall have anything like a fæcal pathology.

As a contribution to that object, I present the following cases of disease in the practice of Prof. J. H. McClelland, who has kindly furnished me very full histories, along with my notes of examination of the specimens submitted to me:

CASE 1.—Miss —, æt. 24 years, dark hair and eyes, and

of good constitution; is possessed of much character and patience, and has had the fortitude of a Spartan through all her sufferings. Enjoyed good health till eight years ago, when she was thrown from a carriage, and received severe shock and some injury to the spine. Paresis of the lower extremities followed, and has varied somewhat in degree. The uterus was retroverted, and not detected till several years later, when restoration was found impossible. The uterus and its appendages had been very sensitive since the accident. She had suffered much from many physicians.

When I was called to attend her, she was confined to her room, emaciated, weak, hysterical, hypersensitive, and almost paraplegic. The uterus was retroverted and fixed, and, with the whole pelvic region, was hyperæsthesic in an extreme degree.

There were almost constant tonic spasms of the anal sphincters, though no special irritability of other muscles. She had inveterate constipation, which nothing seemed able to relieve permanently. There was remarkable impaction of fæcal matter, which it was necessary to remove by large injections and other mechanical means, and their discharge was rendered infinitely more irritating and painful by the presence of a fine sandlike substance, which was often removed in immense quantities. The brain, heart, lungs, liver, and kidneys presented no decidedly abnormal symptoms, but the urine contained much mucus and epithelium from a subacute cystitis. The temperature and respiration were little affected. The appetite was capricious, and vomiting occurred quite frequently.

Examination of the Fæcal Sand.—It consisted of fine particles of various sizes and shapes, and of a dirty-yellow sawdust-like material, without odor. When rubbed between the fingers it felt like moist fine sand, somewhat yielding to pressure. It sounded gritty between two pieces of glass. Sp. gr. was 1300. Under the microscope there were seen fibrin shreds, starch-cells, mucus corpuscles, particles of decomposing blood, amorphous granules, and a great number of epithelial cells in every degree of degeneration. The exhibit of these last bodies was extraordinary, and they made the great bulk of the sand. Columnar cells were arranged in piles, in rosettes, in chains, in letter-shapes. They were clear and showed nuclei, or were shrivelled and fatty.

Treated with Sulphuric ether, the fat was partially dissolved and much amorphous matter set free, but the structures were altered little. Some hard red bodies appeared,

with irregular facets and mineral characteristics. Aq. ammonia brought out the red granules clearer. Some were thin and round, biscuit-shape; others cylindrical, and two to three times the diameter in length. A more particular description of them will be found in the second case. The other constituents of the sand were little affected. Crystals of triple phosphates and druses of leucin were easily recognized. Liquor potassæ produced like results. Acetic acid bleached some of the organic bodies and cleared up the nuclei. Muriatic acid produced very little change. It developed, however, crystals of xanthin and hypoxanthin muriates, and altered the red of the granules to orange. Boiling the substance in the acid had little effect. Nitric acid did not affect the cellular structures, but showed xanthin and hypoxanthin nitrates. Boiling effected little. Sulphuric acid charred many of the flakes and cells and liberated débris. It honeycombed the red granules, and revealed within and around them many cholesterin plates.

The sand, incinerated upon a slip of glass, became black and compact and gave off only a slight odor.

I believe the red bodies to have originated in the bile-ducts as minute calculi, and the epithelial cells and débris to have come from a tremendous exfoliation of the intestinal epithelium.

The symptoms indicated paresis of the intestines, along with other parts, and the nutritive activity of their walls must have been profoundly affected. Such exfoliation of epithelium is common in cases of Bright's disease, when the intestinal mucous membrane acts in a vicarious manner to excrete urea.

The treatment adopted by Dr. McClelland was varied constantly by the occurrence of intercurrent attacks of vomiting, acute gastritis, cystitis, etc. Bell., Opium, Gelsem., Hyosey., Ignatia, Arsen., Kreasote, and Hydrocyanic acid were used. The latter relieved vomiting when everything else failed. Plumbum and Platina were the chief remedies for the general symptoms. Cure has not resulted, and the patient remains very little, if any, improved.

CASE II.—Miss —, æt. 35 years, a school teacher by occupation, of bilious temperament, thin, muscular and ambitious. She was nervous and conscientious, feared what she had said or done was wrong, thought she was misunderstood by everybody, and hence was constantly making explanations.

She was equally sensitive to what other persons said of her or to her. She had been under constant allopathic treatment, and had taken much medicine, though latterly nothing but opiates to relieve her constant pain and irritability.

When I took charge of the case, a year ago, appetite was fitful, digestion imperfect, and bowels irregular. She had almost constant throbbing-stabbing pain in the hepatic region, especially about the gall-bladder; there was enlargement of the liver, and I suspected there might be an hepatic abscess. There were no symptoms indicating disease of any other important organ, except congestive dysmenorrhœa. At times great stripes and patches of suggillations from venous stagnation appeared upon the abdomen.

A month later there were repeated discharges of blood and pus per rectum. From time to time since, in quantities varying from a few grains to half an ounce, there was discharged a dark-red sandlike substance, looking like gunpowder. It was always accompanied by a sensation of rawness at the concave surface of the liver, and was followed by relief from pain.

Examination of the Fæcal Sand.—General appearance to the eye was that of very fine, yet distinct, particles of blue-black sand, containing a few gray flaky pieces, about one of the latter to twenty of the former. It had no odor, and was gritty between the fingers and when rubbed between slips of glass. Sp. gr. 1800. Under the microscope the dark particles were seen to be irregular disk and oval shapes, with surfaces covered by facets. The color was yellow-brown, but by artificial light of a rich garnet hue. The structure was homogeneous with a central opacity. The gray flakes were seen to be altered epithelium, mixed with normal fæcal constituents, similar to those seen in the previous examination, and had the same source.

The miniature garnets interested me on account of their strange origin and beautiful appearance.

I found them to be unchanged and insoluble in water, aqu. ammonia, acetic and muriatic acids.

Boiling in alcohol changed the red particles to dirty-orange, and in ether to dark-gray, but the structure was not altered. Strong caustic potash solution changed the color to yellow-brown and rendered them opaque. Boiling nitric acid dissolved the red bodies and gave a scarlet solution. When this was evaporated, there were amorphous masses and thin flakes of reddish-brown. Disk-shaped bodies resembling leucin,

and needle crystals of tyrosin, were visible, with some xanthin nitrate.

Boiling in sulphuric acid altered the red to a flesh-color and tinged the acid. The bodies were found honeycombed, and in and around were cholesterin plates and ammonio-magnesian phosphates. A portion of sand incinerated upon a slip of platinum gave an odor of osmazome, but the particles were very little altered.

Syrup and sulph. acid did not change the color or character.

Sulph. acid and iodine gave no distinct indication of cholesterin.

The shape, faceted surface, color, hardness, and behavior with reagents, the presence of leucin druses, tyrosin needles and cholesterin plates, from the bodies, render it tolerably certain that they were biliary calculi, composed of biliverdin and cholesterin, combined with a small quantity of lime.

In obstructed biliary excretion the capillaries of the liver become filled with concretions of biliary pigment in the form of disks, ovals, and rods. Leucin and tyrosin also accumulate in the liver in infectious diseases and severe intermittents.

Biliary calculi *per se* form in the radicles of the hepatic duct, and often accumulate in granules, small and large, in the hepatic and cystic ducts, and in the gall-bladder.

It is probable, from the symptoms, that obstruction to the discharge of bile occurred in this case. This gave rise to engorgement of the liver and the formation of calculi. The gall-bladder, or its distended duct, ulcerated the intestine, and by rupture discharged the sand into the bowel, and it appeared in the feces along with pus and blood. The communication probably still exists, but the liver, relieved by an escape-valve, has now returned to nearly a normal condition. The Doctor states that he gave Nux vom., Lachesis, China, Lycop., and Staphisagria principally. We all know the remarkable effects from China in hepatic calculi, as recorded by Dr. Thayer, of Boston. Is it not fair to suppose that it has done great good in this case? The patient is now very much improved in every respect, but her entire recovery is retarded by her *persistency in teaching*, by which her strength is constantly overtaxed. *Mulier non impedi est.*

PROVING OF AVA OR KAVA-KOVA.*

(*Macropiper Methysticum*) *Piper Methysticum*, Miq.

BY F. HILLER, JR., M.D., SAN FRANCISCO, CAL.

"THE botanical name of the plant is *Piper methysticum*, and its home is the islands of the Pacific Ocean. It grows to the height of about six feet, with stems varying from one inch to one inch and a half in thickness. The leaves vary from four to eight inches in length, and are nearly as broad as they are long. In shape they are cordate, tapering above somewhat suddenly into a very short, acute apex. The leaves are stalked, the petiole being usually from one inch to one inch and a half long, and dilated towards its base.

"To the eye the leaves appear smooth, but with a lens they are seen to have the veins covered with minute hairs, while the rest of the leaf has short hairs thinly scattered over it.

"The principal veins of the leaf, of which there usually are ten to twelve, radiate from top of the petiole, the three central veins being very close together for about one-half an inch upwards from the base of the leaf.

"The root is large and fibrous, but rather light and spongy in texture.

"When fresh it weighs from two to four pounds, although it sometimes exceeds twenty pounds in weight. In drying more than half the weight is lost. Externally the root is of a grayish-brown color, and has a very thin bark, which, when sliced off, uncovers a complete network of woody tissue, some of the interstices of which are filled with soft, yellowish-white cellular matter, whilst others are quite empty.

"Internally the root is of a yellowish-white color. A transverse section of the root shows a number of narrow lines (woody bundles) radiating from near the centre to the circumference, the portions of the soft cellular tissue by which the lines are separated from each other being much wider than the lines themselves. The central portion of the root is soft and cellular, with a few woody bundles anastomosing with each other and proceeding at right angles to the radiating bundles, so that they form a network in the centre of the transverse section.

* This proving of *Piper methysticum* should have accompanied the proving of Dr. Griswold, published in the June number, but was not received in time.—EDITOR H. M.

"The root has a pleasant odor. It has a slightly astringent sensation in the mouth, and a scarcely perceptible bitterness. The root and extreme base of the stem are the parts generally employed; those which grow on a dry soil being, it is said, most active."—*Pharm. Journ. and Trans.*

Proving of Piper Methysticum.

First day, Dec. 7th. F. H., 29 years of age; bilious temperament; weight 145 pounds; height 5 feet 6 inches; brown hair; gray eyes; robust and being generally in good health; pulse 80; appetite good; tongue clean; bowels regular; urine normal. Took 20 to 25 drops of a saturated watery solution of Piper methysticum about 8 A.M. It soon produced a flush of heat all over the body, dull heaviness across the forehead; pain in the left supraorbital nerve. An erection lasting about a quarter of an hour in the afternoon.

Second day, Dec. 8th, 8 A.M. Bowels a little loose; slept well during the night.

Took another large dose of the saturated watery solution; soon after felt a dull aching pain in the left shoulder; aching pain and tingling in right instep, worse when sitting and better on motion. A flush of heat in both cheeks; pain in right groin when walking; numbness in right elbow; sharp shooting pains in left temple.

3 P.M. Commenced taking the alcoholic tincture of Piper methysticum (made from the dried root) in large doses. Immediately after, stitches running through left side of the brain, front to back; at intervals a sharp, shooting pain in the left supraorbital nerve; a pain along the line of the optic nerve of right eye when reading.

10 P.M. Feel unusually sleepy; stool more difficult than this morning; no pain; have just taken another dose of from 25 to 30 drops of the tincture. Soon after 10 P.M. felt lively and wakeful; did not retire until 12 M. I have taken during the day notably half an ounce in broken doses of tincture.

Third day, Dec. 9th. Emission about 4 A.M., followed by wakefulness; no pain nor uncomfortable feelings. An erection after the emission, lasting one hour. Slept soundly; no dreams. After the emission felt bright and lively; sharp pain under the right patella, causing me to limp when walking; it comes and goes; is much worse immediately after taking the medicine; pain in the great toe.

At noon took another large dose. 4 P.M., stitching pain

in left knee when walking; tongue clean; appetite good; feel lively; shooting pain in penis; pain in the right testicle.

Fourth day, Dec. 10th. Had a large emission early this morning; 9 A.M., feel well as if nothing had occurred. Was wakeful after the emission until I got up for breakfast. (Heavy fog is prevailing, with cold weather.) The emissions come on without dreams; am awakened by a large quantity of semen running over me. Severe pain, with slight stiffness in right elbow and left knee.

4 P.M. The whole right arm aches and feels heavy, with slight pains running in all directions through it; the arm feels sore and tired; slight heaviness in the head; took no medicine to-day.

Fifth day, Dec. 11th. Shooting pains in the great toe when moving and walking.

Sixth day, Dec. 12th. No emission this morning. About the middle of the day I had a severe pain above the elbow at or near the insertion of the triceps; have been taking the remedy in large doses at intervals during the whole day; Feel invigorated this 6 P.M.; no pains of any kind.

I feel more lively than usual; in better spirits; inclined to work.

Seventh day, Dec. 13th. Had an emission this morning, 8 A.M.; took another large dose of the drug. Soon after, pain in left knee, which made me limp when walking; a tingling in left arm and hand, running from elbow to hand, including all the fingers; the sensation was as if a mild current of electricity was running through the arm, hand, and fingers. The sensation was pleasant, and lasted about fifteen minutes. I feel lively; can dance with more ease than usual; appetite good; tongue clean; bowels regular; soft stool, passes with more difficulty than usual; urine increasing in quantity, normal in color and odor; heaviness in the forehead; legs feel heavy from knees down, when walking.

3 P.M. Feel somewhat drowsy and stupid, with a dull frontal headache during the whole afternoon and evening.

Eighth day, Dec. 14th. No emission nor dreams. Have been annoyed with an aching pain in right wrist, worse when writing.

Ninth day, Dec. 15th. No emission; have taken no medicine for two days; severe pain in right wrist, lasting all day and evening.

Tenth day, Dec. 16th. Crampy pain in stomach lasting half an hour, relieved by pressing stomach against the edge of a

table; a dull aching pain in the right wrist commenced at 10½ A.M. to-day, with slight prickling pain running up the arm to the elbow, also a sore pain in the wrist. The colic is relieved by motion.

12 M. Wrist aches but little. I feel lazy and drowsy.

1 P.M. Pain in wrist gone; dull aching at intervals in the right frontal eminence. *Better* in the *open air* and when *moving*.

I slept soundly during the afternoon, which is unusual for me.

Eleventh day, Dec. 17th. Had an emission during the forepart of the night, slept restless during afterpart of night. *Colic* about 9 A.M. *every morning*.

Twelfth day, Dec. 18th. Had an emission during the night; soreness in the right wrist.

CENTRAL NEW YORK HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY H. V. MILLER, M.D., SECRETARY.

THE annual meeting was held on June 21st, at No. 53 Warren Street, Dr. Brewster presiding. About twenty-five members were present, and on the whole it was one of the best and most practical medical meetings it has been our privilege to attend.

The reports of the Secretary and Treasurer were approved.

Present: Drs. Brewster, J. G. Bigelow, Hawley, F. Bigelow, Doane, Garrison, Rundell, Emens, Frye, Benson, Wallace, Gwynn, Sullivan, Kinne, Havilah, Rhodes, Young, Seward, Squier, Chase, Warren, Jones, Greely, Nottingham and Miller.

The following committee on credentials were appointed:

Drs. Squier, Gwynn, and Young.

On their favorable report, Drs. Kinne and Rundell were admitted to membership.

The following reports were made and accepted:

By Dr. Wallace, report of a singular case of spinal meningitis.

By Dr. Frye, on hysteria.

By Prof. Lilienthal, on sciatica.

By Dr. Boyce, on two cases of cerebral thrombosis.

By Dr. Squier, on several interesting surgical cases.

By Dr. Brewster, on cholera infantum.

CASE OF SUPPOSED SPINAL MENINGITIS.

BY J. T. WALLACE, M.D.

APRIL 24th, 1877, was called to see Miss Nellie R., aged 17 years, a strong, robust girl, well developed, fair complexion, large light-blue eyes and light hair. Found her with high burning fever, pulse 120, full and bounding, intense frontal headache, and skin covered with an eruption resembling measles, and, as an extensive epidemic of that disease was in our midst, did not hesitate to pronounce it measles. The history of the case from the family was, that early in the preceding day, while assisting about housecleaning, she complained of extreme languor, had no appetite for dinner, and during the afternoon sat near the stove, complained of being chilly, and towards evening the headache came on, accompanied by the fever, and she passed a restless night, and in the morning the eruption was first noticed. This remained on the surface for about twelve hours, and then disappeared, but continued to show itself occasionally during the whole progress of the disease. The other symptoms remained unchanged for the next twenty-four hours, when the pain suddenly left the head and located itself in the lumbar region and about the right hip, from which she suffered the most intense pain at intervals for the next three days and nights, the pain coming on in paroxysms lasting from ten to fifteen minutes, with intervals between of about the same length. During this time the head was entirely free from pain; pulse remained 120 a minute; intense thirst for cold water in large quantities; no appetite; tongue heavily coated with a thick pasty coating; bowels constipated; skin hot and dry; surface quite red, particularly during the paroxysms of pain; violent and continued subsultus tendinum, and very restless, having to turn from side to side, which gave her considerable pain. Examined the spine by pressure, but could find no sensitive point. Mind perfectly clear and quiet during whole of sickness. At this point, namely, close of sixth day after attack, the pain gradually subsided, and all of her symptoms were in a measure mitigated, excepting the pulse, which still remained 120, and the pupil of the eye, which up to this time had been normal, now became considerably dilated. The coating of the tongue rapidly disappeared, the appetite began to return, bowels moved naturally, urine normal in appearance, subsidence of the subsultus tendinum—in fact the case seemed progressing slowly toward complete recovery.

This apparent improvement continued for the next ten days, the only thing complained of being a tired feeling along the whole length of the spine, with an occasional chilly feeling in the same region, with slight pain in back, shoulder, and lower extremities. *

At this point in the case the coating returned to the tongue; appetite departed; more pain between shoulders and through right shoulder; more restlessness; some nausea, and occasional vomiting of green watery substance; pupils now contract to normal size and remain so; failing strength, and signs of general prostration; urine passes involuntarily; pain increases, and extends to cervical region, and finally to base of brain; patient gradually sinks, and soon becomes semi-conscious, not easily roused, and finally passes into a profound stupor, in which condition she remains until death closes the scene, about four weeks from the beginning of the attack.

What was the disease?

On inquiry Dr. Wallace stated that no post-mortem examination was made to determine the nature of the case.

DR. FRYE ON HYSTERIA.

Agreeably to the request of the Society for an article on hysteria, its nature, cause, pathology, etc., etc., I present the following:

Hysteria is the distorted balance between voluntary and involuntary power. There is a defective or perverted will; an increased activity of emotion, an altered or increased general sensibility; an exaggeration of all forms of involuntary motility—ideational, emotional, sensational, and reflex.

The convulsion is the characteristic feature. Milder forms than convulsion are called hysterical manifestations. Hysteria being mostly confined to the female sex, gave rise to its name and a theory of its nature; but since hysteria is found in the male, and is not necessarily connected with any disease or derangement of the generative organs, the name can only be retained on account of its utility.

Causes.

The most predisposing cause is that condition of the nervous system which is more or less characteristic of the female sex. The predisposition to hysteria does not exist in the fact of an individual having the organs of one or the other

sex, but in the possession of that nervous state which is common to but not always possessed by women, unnatural to but sometimes possessed by men.

Hysteria usually commences at or about the time of puberty. When once commenced it may continue through life. It may be developed at the menopause in a previously healthy person, but this rare.

Hysteria is more common in the single than in the married, but does not depend upon the marriage relation. If benefited by marriage, it is more from new purposes being given, circumstances being changed, and annoyances being removed. The truly nervous temperament is not more disposed to hysteria. The nervous temperament implies no disposition of the several nervous endowments—all are active. The hysteric condition is one of disproportion, and may exist in any temperament.

Want of employment may favor hysteria in women. Employment is perhaps not so much a benefit in itself as by keeping the person from frivolous pursuits and silly books and things of society.

An attack of hysteria is more liable at the time of menstruation, not because of its relation to menstruation, but because there is at this time more general disturbance as the result of menstruation.

Descendents of hysterical parents are more liable than others to hysteria; but the surrounding circumstances, the example and training, may have more to do here than the hereditary taint.

The usual determining cause of a hysteric attack is some mental or moral disturbance. Either some trivial circumstance, some violent commotion, takes the individual by surprise and overcomes the power of restraint; it then appears, and sometimes to the surprise of the most intimate, that there is a morbid condition of both mind and body.

Interparoxysmal Symptoms.

The will is perverted and defective, while ideas and emotions exhibit excessive activity. The patient says that she cannot do this or cannot bear that, and while believing these things are impossible, they are so.

To others it is often obvious that no physical impossibility exists.

What she wants is motive. Sometimes this may be sup-

plied by sudden alarm or an accidental circumstance. The patient asserts that she cannot control her thoughts, emotions, and movements, and what she says is true under the existing conditions, but often under some unexpected sensation she does the very things that were said to be impossible. Ideation is often excessively active in the direction wherein the morbid notions lie which are at the foundation of the malady.

There is a prevailing belief in the importance of self, and the patient thinks that she differs from every other human being and that ordinary laws do not apply to her.

Emotion is commonly excessive in itself and in its expression. Laughter and sobbing not only alternate, but co-exist, and often without any obvious and sufficient reason for either.

There is sometimes listless indifference to everything of ordinary interest; sometimes absorbed in some trivial object; often restless and impatient, with extreme irritability of temper at any attempt being made to control her; an exaltation of sensibility generally is the earliest and sometimes the only sign of the hysteric condition; there may be increased, painful, perverted, or diminished sensation; the hysteric patient often sees, hears and smells what would not be perceptible in health; painful sensation is almost universally present; one patient cannot bear the light, another noise, to another odors are intolerable.

If the attention is directed to these, the painful sensations are more intense. Many localities of pain are fixed upon, sometimes the top of the head, the mammary region, the sacral region; palpitation of the heart, difficulty of breathing, and frequently a lump in the throat occur.

Diminished sensibility is frequently met with in various localities and generally after a paroxysm. The normal relation of the muscular system is perverted, and there is an increase of the involuntary motility and a diminution of the volitional.

Voluntary movements are sluggish; the patient thinks herself incapable of doing anything, but under the influence of morbid notions efforts may be performed which surpass the powers of health.

All the emotional movements are exaggerated. Sensational are in excess. The brows are knit; the eyelids contracted upon the approach of light; there is starting by sudden sound or jar, and spasms from pain, cramps and

long-continued spasms in the limbs or the pharynx and stomach.

Paroxysm.

An attack of convulsion does not pass through any regular definable stage. Usually at the commencement the patient is agitated, talking violently, crying or laughing, or both, friends condoling or scolding.

Some real or imaginary grievance is uppermost in the mind and the conversation, and is not removed by friends. Suddenly the patient screams, or makes a sputtering noise, and loses voluntary power and self-control. She falls down with snorting breathing and contraction of muscles of the extremities and trunk. She makes hideous grimaces and noises, throws her limbs about in a disorderly manner, utters incoherent sentences, complains of her throat, stomach, and breathing, and appears exhausted or faint, and sometimes stupefied, or seems to lose her consciousness, and then perhaps with a fit of crying comes to herself again.

The general symptoms in hysteria, or those outside the nervous system, are not distinctive in character. The patient is usually not in robust health; there are some pallor and failure of nutrition, or there may be a tendency to excess of adipose tissue. Digestion is impaired, or the uterine functions are irregular, or there is some indefinite trouble in the head, the thorax or the abdomen.

There are many cases in which the general health is good and she feels well. When men have presented hysterical symptoms the general health has been impaired from malnutrition, a feeble circulation, and an exhausted brain.

Pathology.

Pathological examination has failed in its attempts to explain the disease by the disturbed function of any one set of organs. One thing common to all cases of hysteria is a disordered condition of the nervous system.

The character of this morbid state is an exaggeration of involuntary motility and a diminution of the power of the will. The emotional, sensational and reflex movements are in excess, while the voluntary are defective. But the precise nature of the change which is the cause of this distorted balance between voluntary and involuntary power is yet to be discovered.

Diagnosis.

Hysteria may be distinguished from other diseases by its negative character. From epilepsy, by the fact that there is rarely absolute or sudden loss of consciousness. The patient does not fall in such a manner as to hurt herself; there is somebody near to see the performance. Hysteric paroxysms do not occur during sleep or when alone. There is not the hideous distortion of feature and the bitten tongue. The eyes are often turned towards objects or persons, and then rolled up again. The breathing is noisy, but no arrest of respiration such as to cause asphyxia. The attacks are followed by apparent exhilaration, but not by real stupor.

From inflammatory affections, by the absence of an increase of temperature, and the pulse is normal.

From paralysis, by the imperfect development and the changing of its form.

There is no alteration of nutrition of the part, as in paralysis.

Tumors of hysteria are removed by chloroform.

Prognosis.

This depends mainly upon the nature of the cause and the freedom with which treatment may be employed.

The physician can do little for one whose disease is but an exaggeration, and sometimes only a slight exaggeration, of her habitual constitutional state.

When hysteria is an accident, unlike the individual, or when it is brought about by long and at last unendurable pressure, then there is hope. When the treatment is hindered by the anxieties of friends, limited in this direction, and that by the frightened and too sympathizing or unwise relatives, the prognosis is unfavorable.

Treatment.

This will consist greatly in the management of the patient; in being able to interest her about something, in some exercise, some healthy pursuit, something to lose sight of self. Some motive or purpose should be supplied which may give force, persistence and success to the endeavors of the patient.

To make an effort simply because told to do so for her own sake is detestable to the patient, and is sometimes as impossible as it is distasteful; but to exert herself almost unconsciously when a motive is supplied, is scarcely felt to be an effort.

The treatment of the hysteric condition could be better and more advantageously commenced in childhood, and before the paroxysms of hysteria are developed; but if the child is not then properly educated and trained, and if the faculty of self-control is left undeveloped, it will be necessary to commence at a later period. Anything like harshness with a view to improvement is resented by the patient, and is useless. Kindness and firmness should be shown and a recognition of tender points.

Bodily health should be carefully regarded, without undue anxiety. The diet wholesome and easy of digestion, and regularity in the time of meals. Sleep regular and sufficient. Exercise to be taken in the open air, without fatigue. All recreation without excitement.

It would seem that the homœopathist, with the more definite and characteristic knowledge of *Materia Medica* which he is supposed to have, ought to be more successful in the treatment of this disease with remedies than the allopathist.

Any remedy may be needed that corresponds with the condition of the patient, but to find this remedy may be sometimes difficult, if the patient is unexpressive or apathetic, and the friends unobserving.

The following case of hysteria has been the cause of much anxiety on the part of parents and friends, and has been some trouble to physicians:

Miss —, aged 18 years, has had hysterical convulsions about four years. The paroxysms appeared soon after menstruation, which commenced at the age of 14.

She is a tall, slender girl, of fair complexion, light-brown hair, and blue eyes. In childhood had delicate health, and at this time had some swelling of the lymphatic glands of the neck. On account of the delicate health was petted a good deal and accustomed to having her own way.

I saw her November 27th, 1876. In appearance and actions she seemed idiotic. She had been nearly unconscious for one week, having from two to five convulsions a day of from one to five hours each in duration.

During the convulsion she would throw herself wildly about, doing things which she could not when out of the paroxysm. She would bite and tear her clothing, bite herself, and pull out her hair, and seemed unconscious of pain.

During the paroxysm she would busy two persons in keeping her on a bed and from injuring herself and clothing. On

coming out of the paroxysm she did not return to full consciousness, but was in an indifferent, apathetic condition. At times she would walk slowly about the room limping, from the partly paralyzed condition of the left leg, sometimes rubbing the forehead in a confused way, as if trying to recollect and understand what was taking place about her.

Again she would become wild in actions, running, jumping, and screaming, and perhaps end with a paroxysm. A peculiar pain, seeming to cause much distress, changing from the jaws to the left knee, back and forth, quicker than she could follow it with her hands, was the usual forerunner of a paroxysm.

I learned that, when in a more conscious state, and when she could make herself somewhat understood, she complained of a good deal of pain in the forehead, and heavy aching in the back of the head.

Sometimes there was considerable flushing of the face, and heat in the head. There was a continual roaring in the head, which caused her much annoyance. She complained of the light hurting her eyes. She had almost constant weakness and faintness at the pit of the stomach, which was not relieved by eating.

Along the spine, more especially between the shoulders, there was great tenderness. A touch here would throw her into a paroxysm.

Noise of a door shutting or anything falling would generally throw her into a paroxysm, but she could often make as much noise herself without being affected. When well she was right-handed, but now became left-handed.

She had forgotten her name, and, if well enough to understand anything, and make an attempt at talking, she assumed a new name for herself, and all objects were likewise misnamed. She disliked being in a warm room, and felt better when out in the air.

She had little appetite, and that variable. She had been accustomed to call for food and to receive it at any time of day or night. The bowels were irregular and constipated. She generally slept late in the morning, or part of the forenoon.

At times in the night she would fall into a condition of trembling and muttering, which disappeared on being awakened.

The menstrual periods were regular, and nothing appeared wrong with them, unless the flow was a little scanty.

Her strength had been growing less, and there was some emaciation. She received a good deal of attention and sympathy from the family, which was often carried to an excess.

She would not be crossed in her wishes without a storm, which perhaps ended in a paroxysm.

Her general condition was such that little hope of a recovery was expressed by three physicians who saw her about this time. It was thought best, in order to give her proper treatment and care, to send her to an insane asylum, but to this the family were decidedly opposed.

I did not get all the conditions and symptoms at first, and prescribed several remedies, *Nux vom.* and *Puls.* being the chief ones, which perhaps did not do much good nor much harm to the case. After a few days she became more conscious, and would notice people and things a little, but still was in a sort of idiotic condition. I commenced, as necessary to treatment, ordering her meals at a regular time, and plain, simple food.

Her sleep also was brought to some regularity. She was still having from two to five convulsions a day. Having studied the patient and her symptoms, I found that *Ignatia* corresponded best with her condition, and by the use of this remedy her general condition gradually began to improve.

Improvement continued, and as she became more rational I had her commence to walk a little out of doors every day, which she enjoyed. The convulsions diminished in number and in duration, until they came only when startled by noise or fright, or at the period.

The remedy was continued at irregular intervals, more frequently when she appeared excitable, or at an appearance of a convulsion. There has been a gradual improvement in the case, the last paroxysm being at the period, but less severe than formerly. She has now passed over one period without a paroxysm.

She takes a walk every morning, which gives much pleasure, is becoming able to do some housework, reads, sews, and is becoming interested in the usual household affairs.

CHOLERA INFANTUM.

BY DR. A. J. BREWSTER.

CHOLERA INFANTUM is a disease that prevails among young children. The disease is confined to those under two years of age, and especially does it prevail in large and densely popu-

lated cities. It runs its course during the heated term, from the middle of June to the middle of September, and appears to be governed somewhat by the rise and fall of the mercury. Its causes are various. Raue says that this disease occurring generally during the period of dentition, most probably has its deepest cause in the rapid growth of the brain at that time, when it needs for its development an abundance of fresh air. As a conclusive argument in support of this theory of cause, he says we see, therefore, that a change of air alone sometimes recruits the little sufferer. Guernsey says the causes of cholera infantum are predisposing and exciting. Of the former, the chief cause consists in an hereditary or acquired weakness of constitution, which leaves the child open to attacks of various diseases. Of the latter, we may enumerate summer heat, improper food, exposure to an impure or poisonous atmosphere, and the irritability of the system consequent on dentition. The intense heat of the summer appears to exert a powerful influence in producing the disease. The disease commences with diarrhœa, followed by vomiting. The stomach is so irritable that it rejects everything taken into it, often immediately and sometimes with violence. At first the vomiting consists of the ordinary contents of the stomach; but this does not continue long, and soon the characteristic watery, sero-mucus material is poured forth in large or small quantities, and with greater or less violence. Sometimes the matter vomited contains bile, and may assume a greenish hue. The discharges from the bowels generally consist of a perfectly colorless and inodorous fluid, often containing small patches of mucus. At other times, or in other cases, they may contain a large amount of feculent matter, and be extremely fetid; so great is the fetidity that it has been known to cause vomiting in those exposed to it for any length of time. The child soon becomes weakened and emaciated, the abdomen sinks in, and the constant loss of fluid causes gradual and general anæmia, with symptoms of hydrocephalus. The child grows restless, and now and then utters plaintive moans, or sharp cries; rolls its head, commences squinting, and falls into a stupor—a state of things called by one of the old authors “hydrocephaloid,” in contradistinction from hydrocephalus acutus, which is an inflammatory disease.

It may be a comparatively easy matter for the physician of large opportunities and observation to describe infantile cholera, but not so easy always to treat it successfully; because we may not be able to see the little patients in the

early stage of the disease, which is very important. Secondly, it may not always be possible for us to control the surroundings of the patient; and sometimes we may find it very difficult even to control the therapeutics, to say nothing of hygiene and dietetics, because there are so many willing hearts and ready hands, who are anxious to engage in all of the above-named departments,—sympathetic creatures, on the lookout for opportunities to exercise their skill in prescribing. Cholera infantum, like all other diseases of children, must be treated by a careful study of the *language of infantile maladies*. This is neither a written nor spoken language, but an intuitive exhibition of the internal workings of disease. It may be very quiet or it may be boisterous; perhaps it will be a good exhibit or it may be a very imperfect picture, hence the necessity for careful study. But how shall we cure infantile cholera? is the question that now interests us all. A brief report of a few cases from practice may be the best answer that I can give.

CASE 1.—Mrs. D. reported that her one year old child would make anxious faces or seem frightened when carried downstairs, or put from the arms into the cradle. Additional symptoms were constant vomiting, painless stools, frothy at first, thin and brown, later, cadaverous-smelling, containing small bits of white or yellow mucus; abdomen soft, flabby, and sunken in; greatly emaciated and soporous. Borax cured.

CASE 2.—Mrs. H.'s little girl, less than two years old, had been sick for several days with vomiting and diarrhœa. Was called in haste, the child was thought to be dying; found the little patient lying listless, very pale and cold, with almost constant gagging or ineffectual retching. This was the first symptom that attracted my attention. Examination revealed exceedingly offensive stools during the morning hours, prolapsus ani, moaning during sleep, with half-closed eyes, and rolling the head from side to side. Podophyllum cured, with the aid of Bell. four days after; only two prescriptions were given.

CASE 3. A little one and a half year old boy of Mr. D.'s, of scrofulous diathesis, was taken with a whitish painless diarrhœa, perfectly inodorous, which gushed from the anus like water from a spring; one gush and it is over, with great prostration after the passage; dry parched lips. Croton tig. cured.

CASE 4.—Was a little child four months old. It had the following characteristic symptoms: A single vomiting or a stool completely exhausts it; intense thirst with vomiting immediately after drinking. The child wanted to drink constantly, but took only a little sip at a time. It had vomiting

and purging simultaneously; face pale and cadaverous; skin dry, shrivelled; very restless, and constant tossing to and fro; all symptoms aggravated after midnight. Arsenicum will cure such cases if administered in season.

CASE 5.—In this case we observed the following prominent symptoms: Fetid, watery, white stools, unusually copious and exhausting; much pressing and straining during stool; strong-smelling urine, dark-colored; dry hacking cough very troublesome; mucous coating on the tongue. The prominent feature of the Benzoic acid case is the extremely copious watery stools; so large are the passages that they flood the child and everything it has on; there is extremely fetid urine.

CASE 6.—The indications for Verat. alb. In another class we find nausea increased by the least motion, cold sweat on the forehead, and vomiting with great prostration; pulse almost imperceptible. The least quantity of liquid excites vomiting, which is followed with cold sweat, prostration with cold sweat and cold breath. Stools consist of greenish water with flakes; violent thirst for cold water.

Dr. Garrison reported the experience of Dr. Mercy B. Jackson, of Boston in regard to diet. Dr. J. used flour boiled hard and grated fine. Also wheat-flour starch, to which was added the upper part of milk after standing awhile.

Dr. Hawley. When a child is vomiting food and drink the indication is to stop feeding. The patient will not die of starvation. Such children are overfed and they may have canine hunger.

It is important to keep them outdoors all day. Pure air will sometimes cure when nothing else will.

They will generally drink fluids. Give them cool water, not ice-water, and bathe with cool water.

Dr. Frye mentioned beef-tea, which he sometimes used.

Dr. Nottingham gave his experience in the Brooklyn Maternity. He found that the best food was Neave's food for infants, made of barley and wheat. Milk is added according to the condition of the bowels.

Dr. Swift preferred Ridge's food. In scrofulous cases his chief remedies were Arsenicum and Calcarea carb. He would feed as little as possible. There is no benefit in feeding when the food is not assimilated.

Dr. Hawley questioned whether food was the great cause of the disease. There is, on the part of the patient, a pre-

disposing cause. He never found much satisfaction in a mere change of diet. Hygienic measures were useful, but the cure was accomplished mainly by the appropriate remedy for each case. Mercury cures many cases. In allopathic practice calomel and ipecac were the sheet-anchors, curing some cases. He said that the disease was peculiar to dentition in childhood.

Dr. Raymond had several years ago, in allopathic practice, the best success with lime-water, corresponding to Calcarea.

Dr. Doane changed the diet. He found milk whey useful. Take sweet milk and put in rennet. He had confidence in proper diet and the suitable remedy. He found Mercury cured many cases.

Dr. Benson, among other remedies in this disease, used Petroleum, when, as in adults, there seemed to be a weak all-gone feeling in the abdomen. The stools are gushing, as he had experienced in the proving. He corrected diet as well as he could. He used rice-flour.

Dr. Swift derived benefit from changing diet. He reported the cases of two children in one family, both greatly emaciated and declared hopeless by the attending physician prescribing. He sparingly used boiled flour, and gave to both first Arsenicum and then Calcarea carb. Both cases recovered.

Dr. Gwynn was more particular to distinguish symptoms in cholera infantum than in any other disease. He was not much of a Hempel man. He had learned to let Hempel severely alone. But he had found Aconite important in this disease as recommended by Hempel, in early stages, with thirst, heat, and restlessness. In Borax the child is afraid to fall during downward motion. This characteristic is suggestive of the remedy. On examining the case other Borax symptoms will be found to exist.

He often found Calcarea carb. indicated when there are large head, open fontanelles, protuberant stomach and *fear of being raised up*. The last is a *subjective* symptom, and such symptoms are important when found in connection with characteristic *objective* symptoms.

Croton tig. cured diarrhœa with sudden and forcible discharge. Petroleum when the effort is forcing.

Dr. Brewster. When Arsenicum is indicated there is no use in giving Aconite. And so with every other remedy.

Dr. Frye once cured a case of cholera infantum, characterized by horribly offensive stools, with Psorinum, when other remedies failed.

Dr. Hawley never failed to cure with *Podophyllum* when the stools were profuse, watery, brownish, and excessively fetid.

Drs. Hawley and Miller were appointed a committee on a Homœopathic Pharmacy. Their report was adopted as follows:

"That this Society realize the desirableness of having a strictly Homœopathic Pharmacy in this city, and understanding that Messrs. Tucker and Fitch propose to establish such an institution, are of the opinion that if well conducted it will command the patronage of the profession in Central New York."

The following committee was appointed to report resolutions on the death of Dr. Richards, who was a member of the Society: Drs. Seward, Brewster, and Hawley. The committee reported the following resolutions, which were adopted:

WHEREAS, This Society has learned of the decease of C. H. Richards, one of its members, therefore

Resolved, That in the short time that Dr. Richards had been connected with this Society, he had won the respect of his associates as a man of probity, industry, and intelligence, and that in his death we have lost one of the most active of our young members.

Resolved, That we tender to his family and friends our sincere sympathy in this their great bereavement.

Resolved, That a copy of these resolutions be entered on our minutes and that a copy be sent to his family.

S. SEWARD,
A. J. BREWSTER,
W. A. HAWLEY,
Committee.

The Secretary read a postal card from Prof. J. C. Morgan, of Philadelphia, in referring to muscular asthenopia. The professor "had repeatedly found China²⁰⁰ curative when the two eyes were of unequal focal length, newspaper type being read by the two eyes at different distances (the same with larger types—near and far points both unequal)."

The Secretary also read the following from Dr. Minton:

BROOKLYN, N. Y., May 11th, 1877.

TO THE PRESIDENT AND MEMBERS OF THE CENTRAL N. Y. HOM.
MED. SOC.

GENTLEMEN: By the *Hahnemannian Monthly* of March—just received—I am first made aware that you at your March meeting passed a resolution requesting me to republish in book form my papers on *Uterine Therapeutics*. In reply I would state that I have rewritten all the original text, and added much new matter which I had gathered up. I am

now engaged on the repertory part of the work, and when completed—perhaps next fall—I shall offer it to the profession, providing I can get a publisher.

With many thanks for your kind and encouraging notice of my endeavors,

I am yours truly,

HENRY MINTON.

The following officers were elected for the ensuing year: *President*, Dr. Swift; *Vice-President*, Dr. Hawley; *Secretary and Treasurer*, Dr. Miller.

On being conducted to the chair the new president made some appropriate remarks.

On motion of Dr. Gwynn, the subject selected for discussion at the next meeting was, “the acids.”

Adjourned to Thursday, September 20th.

PHOSPHORUS IN NERVOUS DISORDERS.

BY DR. BERGER.

1. ENGLISH authorities (Radcliffe, Broadbent, and especially Thompson) recommend Phosphorus in neuralgia. Berger tried it in twenty-two cases; five recent cases were cured; in all other cases it failed to be of the least use. Equally negative was its employment in “neurasthenia cerebralis,” a state of pathological exhaustion of the higher mental functions without a symptom of a palpable lesion in the brain or in any other organ. The neurosis is here the chief symptom, and sensory disturbances are only secondarily observed. All such patients are young men of great culture, of nervous temperament and disposition, and who overexert the mind during their studies. Many give the picture of hypochondriasis. Tempial recommended Phosphorus as the sovereign remedy for this cerebral paresis, but it failed in every case under Berger’s treatment. Rest, mental rest for years, and corporeal exercise in Alpine regions (ozone) is the only reliable treatment.

2. French writers recommend Zincum phosphoratum (not phosphoricum) in different nervous disorders, as neuralgia, chorea, singultus hystericus, etc., in doses of 5 to 8 milligrammes, in pills, three times a day. Only twice Berger saw some good effect from it in hemiparesis; in all other cases its alleviating power was not in proportion to the gastric troubles which it set up.

Remarks: In our school Phosphorus enjoys an important place among the neurotic remedies. The physicians of the old school always injure the reputation of their foundlings by their large doses and by their frequent repetitions. They never allow a drug to act its full time, and thus overpower that old-fashioned, but by many deserted, *vis medicatrix naturæ*, which will restore the equilibrium when touched by the similar remedy. In neurasthenia cerebialis it acts well when given in dynamic doses, and although the 3d even responded nicely in Dr. Clifton's hands, we think potencies from the 200th upwards would do still better, and Dr. S. Swan witnessed good effects from vitalized Phosphorus. It takes time to remove this cerebral paresis, and we should therefore allow time to each dose of Phosphorus before repeating it—not only unnecessarily, but to the damage of our patient. Hempel truly calls it the great power which enables us to repair the damage where the supply of nervous tissue is deficient or abnormally altered by some cause, and *vox populi* has for ages decreed a diet of fish as a strengthener of the brain. Bayes (*Applied Homœopathy*, 137) hits the nail on the head when he says: "The lower dilutions (from the 3d upwards) seem to me most applicable to the stunned condition of patients in a very adynamic state, while the higher potencies act admirably on sensitive patients or in the more acute forms of disease." Farrington (*Supplement to Comparative Mat. Med.*, 130) recommends Phosph. in anæmic states from too protracted thinking, in senile cerebral atrophy, in vertigo, from a too great susceptibility to external impressions, and gives as hints: "Tension in the skin of the forehead and face, worse from change of weather, while eating; better after eating. Empty sensation in the head; vertigo; cold and stiff sensation mostly in the cerebellum; worse from warmth. Dimsightedness with sensitiveness to bright light; sudden blindness and fainting; black motes." Excitement predominates in Phosphorus, and we find among its symptoms therefore the senses, as hearing and smell, too acute; only a step more and we may have neuralgia in the sensory nerves, but when Phosph. is here indicated it needs the dynamis of Phosphor. but not its gross material for the removal of the hyperæsthesia. Kafka (*Therapie*, II, 193) thus individualizes the neuralgia facialis of Phosphorus: "The cause of the neuralgia is a cold, the pain is in the zygoma, masseters, upper jaw, of a tearing and boring nature, radiating to the pes anserinus; also to the nose and ear, and causing a twitching of the mus-

cles of the cheek and of the lower eyelid of the suffering side. The paroxysm appears with paleness of the face and sunken features, or with redness, heat and swelling of the face. The pains are aggravated by mastication, speech, or external pressure; ameliorated by heat and rest; the pains may appear at night or in the evening, or in the morning, or after eating, and are followed by great lassitude and irritability." In neuralgia of the brain, hemicrania, he finds Phosphorus indicated in unilateral, pulsating, pressing, boring, and burning pains in one or in the other temple, radiating to the forehead, eyes, and vertex, and with the sensation as if there were painful nodes under the scalp, painful to the touch; a sensation as if the patient were pulled by the hair, or as if the head would burst in consequence of the pressure and fulness in the brain; the pain appears mostly in the evening and morning, with frequent yawning, turgescient face, and watery urine; aggravation by speaking, eating, in the warm room; amelioration in the fresh air, by rest and sleep. After the attack the lassitude prevails and the patient is liable to fresh colds.

Kafka reports, on page 206, the following case: A lady of 22 years, of pale but healthy complexion, and pretty fair constitution, suffered for the last eight years from hemicrania, and had taken quantities of Chininum, Iron, Zinc, and had sojourned in the country and at mineral springs without much relief. This highly educated woman was unable to answer promptly any questions addressed to her, and thus we felt compelled to find out the accompanying and consecutive symptoms. We found that the patient after every attack, which came nearly every week and lasted 24 hours, looked pale and haggard; that she felt very tired when walking or standing, and that she had to rest herself during every exertion; the extremities felt cold for many hours after the attack, and got warm only after being in bed for some time. Phosphorus³, two doses daily during the free interval, cured the case in four weeks, and the hemicrania did not return.

Phosphorus suits especially neuralgia from anæmia after great losses of blood, and during reconvalescence from severe exhausting diseases. Neuralgia from scrofulous or tuberculous (non-syphilitic) exostoses are also relieved by Phosphorus.

We may conclude this short note by a remark of Bayle (Teste, *Mat. Med.*, 288) that Phosphorus reanimates the vitality, furnishes nature the means of effectually resisting the disease, and eliminating, by the natural excretory outlets of

the system, the material causes of the disease. *It stimulates vitality in a speedy and energetic manner.*

We would only hint to our allopathic friends the old saw,

“Mach’s nach, mach’s aber recht nach.”

S. L.

A QUESTION IN ETHICS.

HAS A PHYSICIAN THE RIGHT TO REPORT A CASE IN THE JOURNALS WITHOUT THE CONSENT OF THE PATIENT?

REPLY.

IN the main the physician should always ask the consent of the patient, if living, to report the symptoms and medical history of the case, but no name or address should ever be given; and especially should this rule be adhered to where the invalid is a prominent person, or where the mention of the name would tend to bring the medical attendant prominently before the public by reason of his publication of the case.

Any public notice that may be spontaneously taken of the case by the newspaper press or the patient, the family or acquaintances, the physician has of course no control over or responsibility for.

If he should furnish for his own glorification an account for newspaper use, such a proceeding would be highly reprehensible in a professional light.

This refers to the reports of cases in practice; but new discoveries in medicine or in surgery, or in surgical appliances or modes of treatment, if intended for professional use and general good, are proper subjects to present to the world in medical or other journals, with due credit to the discoverer.

BUSHROD W. JAMES.

CLINICAL CASES.

BY DR. CARL KÖCK.

SEPTEMBER, 1873, I was called to a Polish nobleman, aged about fifty, and found him in the following state: Constant fruitless attempts at vomiting, after which he fell nearly unconscious back into his bed; he had just vomited some murky water mixed with green slimy strings; vomiting had already kept up for three days; he had at first vomited his food, then water with green mucus, now every swallow of water or of

beef-tea sets him to vomiting; no appetite, excessive thirst and burning pain in the stomach, great lassitude. Three months ago he went, on account of some vesical troubles, to Kissingen, and felt pretty well there, but for the last two weeks he has suffered from a disagreeable headache, which becomes sometimes quite unbearable, so that he nearly loses his senses; neither cold nor hot compresses are of any use, and he thinks that he can neither hear nor see as well as before. I found my patient looking pale, sallow, with lustreless, sunken eyes; the face œdematous, also the hands, feet, and abdomen; temperature of these parts cool; the skin covered with some cold sweat; radial pulse, 64 to the minute; its wave not very easily compressible. Examination of the chest was then impossible, on account of the depressed state of the patient, but certainly the apex of the heart stood very low, while at another time we clearly found enlargement of the left ventricle; the abdominal organs do not feel painful to pressure, nor could they be found enlarged. The stool was murky and scanty, and in the urinal we found a small quantity of light-colored urine, with strong ammoniacal smell, passed with some tenesmus during the last fourteen hours. The patient had been declared past all cure by another physician. My diagnosis was, *uræmic vomiting, depending on some renal trouble*, and I prescribed therefore *Cuprum acet.*, $\frac{1}{2}$ drop every hour. I based my diagnosis on the scantiness of the light-colored urine with its strong ammoniacal smell, without any pain in the kidneys; on the *headache*, which, with a low temperature of the skin and body, with a retarded pulse, without deliria, without enlarged spleen and without gastralgia, was described of such severity as to interfere with sight and hearing, a symptom which Buchner, *Morbus Brightii*, considers as one of the most important diagnostic hints in uræmia. Still I took the urine home in order to examine it carefully. I had about one ounce, of a reddish-yellow color, sp. gr. 1010, of alkaline reaction; added to it a few drops of diluted acetic acid, filled a tube about one-third full with urine, and held it inclined at an obtuse angle, so that the moderately diluted nitric acid could fall drop by drop down the side of the glass, and thus might act on the urine from below upwards. I have to thank Prof. Buchner for this mode of examining the urine, as thus even a trace of albumen can be detected in the urine, where others by boiling may fail to detect any coagulation. In our case the urine soon foamed, with such a penetrating stinging smell of carbonate of ammonia that tears ran from my eyes, and thus my diag-

nosis was confirmed. After taking a few doses, all vomiting stopped. Cuprum was continued for a few days; he could soon digest milk and beef-tea, and he is now improving under Arsen., Calc. arseniosa, etc.

Buchner truly remarks in his lectures: We must never diagnose a remedy from external, fallacious manifestations, but from their anatomical basis; thus vomiting may arise from different reasons; viz., vomiting depending upon simple nephritis, Arsen.; from uræmia, Cupr. acet.; from hyperæmia of the base of the brain, Stram.; from hyperæmia of the meninges, Bell.; from spinal hyperæmia, Argent. nitr., etc.

2. Here is a case of vomiting from another cause. I was hurriedly called to a woman in articulo mortis. I found a woman of about 30, with pale hippocratic face, blue rings around the eyes, cyanotic lips, cool extremities, filiform pulse, dyspnœa, nearly unconscious. Her husband narrated that his wife always suffers terribly during the first part of pregnancy. Six years ago, during her first pregnancy, only abortus saved her life. During her second and third pregnancy she suffered terribly in the city, but removal to the country saved her life, so that the children were born at the right time. She is now three months gone, suffers from continual nausea, loss of appetite, vomiting, but worse than ever, and now she only feels tolerable in large places or parks, but in narrow streets she has to vomit immediately; for the last ten days she had vomited every drop of water, and complains of pains in the back, fainting spells, dyspnœa, palpitation, and spasms in the chest. On account of the lateness in the season she did not go into the country, and two physicians recommended the induction of abortus. Light cases of vomiting during pregnancy may be relieved by Nux vom., Ipecac., or Tabacum, but I knew that they would fail here. Buchner recommends in vomiting during metrorrhœa, where the former depends on a hyperæsthesia of the spinal nerves, *Cuprum ammoniaco-sulphuricum*, and I dissolved half a grain of this preparation in one ounce distilled water, and ordered five drops every quarter hour. There was some improvement at once in the case, and after taking three doses of the same medicine for a week, there was no more vomiting, no panting for breath, and therefore also no artificial abortion. Copper is known to be a carrier of ozone, and our patient was always benefited by country air, where the difference in ozone between the country and the city is as between 7 and 3.

3. I was called to a railroad official, but on entering the

room the most foul stench pervaded the room, and the poor patient excused himself, as it was impossible for him to retain any fæces, which pass from him by day and night unconsciously. He suffered often during the Franco-German war from diarrhœa, and for the last two months from the *paralysis of the sphincter ani*. I went home to study up my case, and there I found under *Secale cornutum*, involuntary discharge of thin fluid excrements, but neither the third nor the second decimal dilution brought any improvement. Another examination of the patient as well as of the fæces followed, but nothing new was elicited. Kafka remarks, in his classical *Therapia*, that when the indicated Belladonna fails, we should use its alkaloid Atropin, and Buchner differentiates the intensity of action of Merc. sol. and corros., as Bellad. to Atropin, or Conium to Coniin. Hence I gave *Ergotin*, 2d, 1 drop every three hours, and after three days use the patient came into my office, gratitude beaming from his face, as the sphincter had regained its normal function.—*Internat. Hom. Presse*.

A SURGICAL CLINIC.

BY DR. MAYLAENDER, OF BERLIN.

1. A child had suffered for two years from tumor albus, which opened outwardly, discharging large quantities of pus, in consequence of which the little patient looked fearfully emaciated. The region of the knee looked enlarged; there were four or five pustulous canals. Through one of them the tibia could be felt denuded. An incision discharged a quantity of cheesy pus and some loosened pieces of bone. The marrow cavity of the femur was at any rate suffering from primary osteomyelitis, which pierced the knee-joint, and caused the fistula in the bend of the knee. Corresponding to it the bony substance of the lower part of the femur was rarefied, and the space up to the centre was scraped out with the cutting-spoon, and it was necessary to penetrate into the head and shaft of the tibia, two-thirds of which was rarefied, and all morbid matter was removed as carefully as possible. The tibia at its lowest point was pierced, and a drainage-tube carried through it up to the knee-joint, the articular ends of the tibia and femur connected with silver wire, and the wound united as much as possible. Maylaender performed the operation one day after the child's entrance into the hospital, and, according to the family of the patient, it seemed that the operation acted as an anti-febrile, but the features of the child and of

the wound did not improve. Wine and nourishing food were well borne, and the internal use of *Calcareo phosphorica* 0.6 was decidedly beneficial. Slowly the granulations improved, more slowly still the general state of the little patient. The suppuration was profuse. After four weeks the child seemed rather better in spirits, and received now *appelwein* (cider made from apples; probably like our Newark bottled cider) as a beverage and as a poultice. Suppuration and general state improved, but two months after the first operation a repeated scooping out of parts of the epiphyses of the femur was necessary, taking great care in preserving the cartilage, and, as after two weeks the circumference of the knee remained still somewhat large, the epiphysis of the tibia was also scooped out, and only then the fistula was closed. A firm connection formed between the articulations, with only slight shortening of the foot.

2. A child had been sick for the last two years, with inflammation of the right hip-joint, with such a contraction of the whole leg that the patient could not lie down, especially as there was also an inflammation of the left hip, with periarticular suppuration. During narcosis *brisement forcé* was made, and some strong adhesions burst. In spite of all difficulties the operation succeeded; the leg was stretched so that the child could lie down. The general state of the patient was not promising. The dilated pupils hinted at *Calcareo carb.* 0.6, and improvement soon set in. The pus in the articulations was let out by puncture, and apple wine given internally and relished by the little one. Passive motions were now in order, and gradually the child recovered. A trifling shortening of the leg is compensated by pelvic inclination. *Maylaender* is against any surgical interference where a multiple bony affection rests on a scrofulous basis. Here internal therapeutics must first improve the general state before surgery steps in. The local application of specific remedies is advisable, and with an amelioration of the general health resection will frequently be obviated.

Dr. Weil affirms the beneficial action of apple wine in scrofulous disease, and he uses it in the form of a whey. A tumblerful of water, a tumblerful of milk, and another one full of apple wine are mixed together and heated, strained through a cloth, and the patient may take it *ad libitum*, hot or cold, with or without sugar. It acts equally well in chronic bronchial catarrh and in suspicious catarrhs of beginning phthisis.

Dr. Traeger treated a case of caries of the scapula in a grown person, where suppuration was excessive, with injections of diluted apple wine, and allowed the patient to drink it as much as he liked. The patient was cured in a remarkably short time.

Maylaender, who considers the *Calcarea malica* the effectual ingredient of apple wine, treated in a grown person caries of the metacarpus with numerous fistulæ. The bones were softened, so that a probe entered them anywhere. Apple wine was used internally and externally, and the hand was not only perfectly cured, but its function also preserved in every detail. —*Allg. Hom. Zeitung.*

ELEPHANTIASIS.

BY DR. H. BILLIG.

1. Mrs. G. K., 30 years old, called on me on account of a swollen leg. She is a laboring woman, and worked hard all her life. On examination I found a swollen leg, from the thigh down to the foot. The thickness a little below the centre of the thigh was sixty-four centimetres, around the knee fifty-four, around the calf of the leg sixty-two, and a little above the ankle-joint forty-four centimetres. The color of the skin was changed, and of a brownish tint. The skin felt tough and tense, and formed a few folds on the leg, from which oozed an acrid, foul-smelling secretion, smarting and corroding the parts. Above the ankle a new node had formed laterally, so that she could hardly put on her shoes. The skin over the back of the feet was also thickened, even down to the toes. On the upper part of the thigh the skin looked natural in color and softness. The affected lower extremity always felt cold, but when the weather was cold, as in winter, she had in it a sensation of smarting and burning as if *Capsicum* was in it. In walking and carrying burdens she felt a kind of trembling in it. When ailing, or when she felt pains in the affected leg, the pains extended up to the buttock of the affected side, which filled up, but the swelling subsided again with the remission of the pain.

Anamnesis.—Patient suffered till seven years ago from habitual foot-sweat, when she took erysipelas on the affected leg. The foot-sweat ceased, the leg began to swell till it reached the present size. Hence from an erysipelas developed itself this pachydermatosis or elephantiasis Arabum.

Therapy.—She took at first *Silicea*³, *Mercur. sol.*³, and *Ar-*

sen.⁶, according to indications, but without any benefit. By the advice of the late Dr. Hirschel I then put her on *Hydrocotyle Asiatica*, 1st solution, and she took this remedy steadily for a whole year with benefit and with some diminution of the swelling. As is too often the case with poor patients, I lost sight of her.

2. June, 1873, I was consulted by a lady on account of a swelling in her right leg. She is a good-looking woman of about 30, of a happy temperament, regularly menstruating, and the mother of three healthy children. In her youth she suffered from glandular swellings in the groin, which passed off without any medical treatment. She had been frequently stung by bees on her feet, and had erysipelas there several times. In examining her I found the right lower leg and foot considerably swollen, forty-nine and a half centimetres at the calf (now only thirty-nine). The swelling dated from a cold, and beginning from the back of the foot moved steadily upward. At first the swelling pained even when she kept perfectly quiet, now only when exerting it, and the heaviness and size of the leg (the thigh is perfectly normal) incommodes her greatly. The color of the skin is not much changed, but the swelling feels tough and resisting to pressure, leaving no pit, as we observe in œdema. Under the use of *Hydrocotyle Asiatica*, steadily given, the swelling visibly decreased. Whether a cure followed the doctor does not say.—*Hirschel's Zeitschrift*.

CONVULSIONS CAUSED BY PUERPERAL ALBUMINURIA AND CURED BY CENANTHE CROCAT.

BY F. G. OEHME, M.D., STATEN ISLAND, N. Y.

A ROBUST, always healthy lady of 26 years, in the seventh month of her first pregnancy, complained on the 4th of November, 1875, that she had had for some time headache and swollen feet. I prescribed Apis 2, every three hours one dose. The next night I was called to her, as she had suffered a singular attack, attended by unconsciousness, of which her husband could not give a good description. As I suspected convulsions, I gave Ignat. 2, every two hours. On the next day I made further inquiry and prescribed Bellad. 2. The following night I was called again, she having suffered a similar but worse attack than on the preceding night. As it appeared while asleep, I gave Opium 2, every two hours.

Scarcely had I reached home before I was again summoned, there having been a still worse attack. Soon after my arrival there were two more attacks in quick succession, during which I observed the following symptoms: entire unconsciousness; eyes half closed and set; face and neck dark-red and swollen; foam about the mouth; jaws slightly closed; in the throat a singular noise, something like that of being choked; upper and lower extremities slightly curved; hands tightly closed; the whole body in a shaking, convulsive motion.

The affection resembled epilepsy so strikingly that I asked at once if she was subject to this malady, which was answered in the negative. I gave *Cēnanthe crocata* 3, 1 dr. every ten minutes; since this time she has had no more attacks.

In order to appreciate fully the effect of this medicine, I must add the remainder of her history.

The 18th of November (twelve days after the first administration of *Cēnanthe*) the anasarca had increased so enormously from the feet up to the navel, that she could neither sit nor lie save in a half-reclined position. The labia majora were so much swollen that she could urinate only with the greatest difficulty; they were, besides, covered with several blisters from one to two inches in length. I scarified several places to let out the water. The urine contained an enormous quantity of albumen. On the 22d of November she was taken with labor-pains and delivered within a few hours, passing an immense quantity of liquor amnii. The child came about seven weeks too soon, was very lean and weak, and lived only three days. After the expulsion of the afterbirth the abdomen of the mother was still as large as if containing another child. An examination revealed considerable ascites. The confinement itself was as natural as general, but she complained much of severe headache before, during, and after the same, and of such a blindness that she could not see my hand at a yard distant. She only saw the outlines of objects, and at a distance of about twenty feet nothing at all. The headache was all over the head and deep inside; also in the eyes. It was at times worse, at others better; but even when at the best, there was an indescribably strange feeling present; all she could say was, "It does not feel right; kind of confused."

I gave her frequently, especially during the birth, *Cēnanthe*, and am convinced that this prevented the reappearance of the

convulsions, although the albuminuria, dropsy and headache continued and even increased, notwithstanding I used Apis, Arsen., Hep., and Lyc.

After the birth all symptoms steadily improved, and just one month later she came again to my office. The dropsical symptoms and albuminuria had disappeared, but there was still much pain in the head and eyes, considerable indistinctness of vision and asthenopia; she could, however, do some housework. Two months later she broke off the treatment, considerably improved.

I did not see anything of her for the next six months. Middle of last August I sent her to Dr. Allen, who examined her eyes. He diagnosed retinitis albuminurica and sent her back to me. She took for two months Cimicif. and Hep., and her eyes are now well, with eyesight as good as the general average. Before her pregnancy her eyes were uncommonly good, as she could see at a great distance.

ON THE PROPERTIES AND USE OF THE XANTHIUM SPINOSUM AGAINST HYDROPHOBIA.*

BY DR. GRZYMALA.

Extract from the Therapeutic Journal, April 10th, 1876, published at Paris, by Prof. M. A. Gubler.

WE are in receipt from one of our honorable and distinguished confreres, Dr. Grzymala (of Krivoe-Ozero, Podolia), of the following letter, which, by the virtue of the, to us, well-

* *Xanthium* is a genus of the order *Compositæ*. *X. strumarium* is referred to in the *Am. J. of Microscopy*, vol. i, No. 12, p. 143, as "Coele-burr," and its liability to be affected by a fungus—"Puccinia"—mentioned. The natural history of *Arnica* flowers, and their liability to parasitic inhabitants, with the effect of modifying their drug-action, affords a lesson of great importance to us all. We should ever keep in view the parasitic forms which may alter the whole pathogenic, and hence therapeutic, character of a given drug. How far this inquiry will apply to the anti-hydrophobic effect of *X. spinosum* is a point of interest in the present connection.

According to Wood's Botany, this species is native to this country under the name of "Prickly clotweed," and is found in efflorescence, from September to November, by "roadsides and in fields—Massachusetts to Pennsylvania and Georgia; about a foot high; very conspicuously armed with straw-colored spines, three-quarters to one inch long."

W. C. Stevenson, Jr, 1525 Green Street, Philadelphia, has the *Puccinia xanthii* on microscopic slides.—JOHN C. MORGAN.

known character of its author, seems to us well worthy of attention :

KRIVOE-OZERO, March 22d, 1876.

TO PROFESSOR GUBLER :

DEAR SIR AND MOST HONORED MASTER : Permit me to call your attention for a moment to the therapeutic properties of a very common, but hitherto neglected, plant, *Xanthium spinosum*.

I hasten to add, that an enemy to specificity in medicine and in therapeutics, I believe only in physiological action, but I also believe that the physiological action of a great number of substances is yet little known.

In this particular case, I am convinced that the physiological action of a diaphoretic, notwithstanding inferior to the Jaborandi, the *Xanthium spinosum* gives or will give the explanation of its effects against hydrophobia, for it is of the treatment of this hydrophobia that I wish to speak to you. This confession of faith seems to me indispensable when that formidable malady is mentioned.

This plant, which grows in many countries, is found in the middle of France, in Podolia. It infallibly neutralizes the effects of the virus of the rabies, on the single condition that it is administered in time, that is to say, before the paroxysm of that terrible malady appears.

I have used the *Xanthium* now a number of years with the best success, and it has not yet been my lot to observe a single case where it has disappointed me—although I have had occasion to administer it at least a hundred times to men as well as to animals bitten by rabid dogs and wolves. You must not be astonished at these figures, which I assure you are rather below than above the reality. In the country in which I live, rabies is very frequent ; and for more than twenty years that I have used the medicine, ten cases per annum, on an average, will readily justify the number mentioned above.

What would you say are the physiological effects of this remedy ?

A sudorific, a sialagogue, and a feeble diuretic, the action of which is less pronounced than that of Jaborandi. I have not, however, been able to produce all these phenomena together. Certain patients perspire, others are salivated, and there are some who pass more urine than in the normal condition. The temperature is slightly raised, and the circulation is ordinarily but little accelerated under the influence of this

plant. Some patients complain of cephalalgia, others of nausea. I have seen even those who have vomited the first dose of the medicine. Besides a continued state of perspiration during the continuance of the treatment, sudden attacks of dimness are noticeable, which come upon the patient from time to time during the day. The appetite in general is augmented, and the digestion is not at all disturbed by this plant, which I administer in powder.

The dose for an adult is 60 centigrammes (10 grains) of dry powder of the leaves of the *Xanthium*, repeated three times a day, and continued during three weeks. Children under twelve receive half this dose. It is needless to say that I never cauterize. Since I possess this remedy, I have no longer any fear of rabies.

Very nearly twelve years ago one of my dogs took this disease, bit a cow, a pig, a dog, a cat, and a tame crane. The cow, the pig, and the dog were placed under treatment for three weeks. All three were left uninjured by the disease. The crane and the cat, which I had left without care, died of hydrophobia, the one at the end of three, and the other eleven days after being bitten.

During the Crimean war, a family composed of twelve persons had been bitten by a mad wolf. Six of these persons entered into my service at the hospital of Olschauka (government of Podolia, district of Balto). These were all cured, while six others, treated by the cauterium and the daily use of cantharides, of *Fabu-tonco* and *Genista-tinctoria*, died mad in the course of twelve to sixty days.

Two years ago, six hunting dogs which I had been bitten by a mad dog (an animal which I was able to stop, and which I saw succumb at the end of two days with every symptom of rabies). My bitten dogs were divided into two categories. Three were isolated and left without treatment. These died at the end of fifteen days with all the undoubted symptoms of hydrophobia. The others, which were left at liberty, but placed under treatment (30 grammes a day in three doses in a porridge, for three weeks) still belong to me and have been sick. One of them caused me for a moment to fear that I was disappointed, having disappeared the twelfth or thirteenth day of the treatment. It is known that dogs at the beginning of the rabies generally leave their master's dwelling. I did not know what had become of him; but at the end of three months I found him well, in company with a poacher, from

whom I took him back. This dog is still with me, well. The fact proves that twelve days' treatment may be sufficient.

In 1873, Count Malachoski, proprietor of the Odessa country, came to consult me for his son, eight years old, bitten some three days before by a mad dog. Three weeks of treatment placed him out of danger. I saw him four months ago looking remarkably well.

[Dr. Grzymala here introduces a number of cases where the plant has proved effectual.]

The dose for animals should naturally be much stronger; thus, in 1868 I was solicited by our commissary of police, Mr. Donkashevitch (at Krivoe-Ozero, district of Balto), to give him some of my powder—called in common in my country “Antirabic of Dr. Grzymala”—for a herd of thirty horned cattle, all bitten by a mad wolf, eight of which were already down with all the symptoms of hydrophobia. I had each of the animals take 96 grammes (three ounces) of *Xanthium* in powder, in bran daily, for four weeks. None of the twenty-two beasts were attacked by the disease which is the subject of this letter.

All the facts which I here relate, my most honored master, are positive and actual realities, which I can, if need be, support by proofs. I have not drawn upon my imagination by dint of gnawing at the barb of my pen, as is often the case. These are personally known to me, and I repeat it, I have over a hundred others that I can place before you if desired. I confide them to you, soliciting insertions in your very estimable *Therapeutical Journal*. I am certain that experiments which you will be able to make with the leaves I send you, upon the physiological and therapeutical action, will confirm what I have stated, and I will thus have co-operated, though feebly, in that path of therapeutics which you and your distinguished colleagues have so splendidly opened.

Respectfully,

DR. GRZYMALA.

[NOTE.—This article on *Xanthium spinosum* as an antidote to the virus of the mad dog is published by request, and for what it is worth, as a supplement to the article on the same subject in the June No. of this Journal.—EDITOR H. M.]

HOMŒOPATHY.

THE PROPOSED UNION WITH THE "REGULAR" PRACTICE.

(From the Boston Daily Advertiser.)

TO THE EDITOR OF THE LONDON TIMES.

SIR: As a paragraph on homœopathy appeared in your issue of the 1st inst., from the pen of Dr. Richardson, in which was incorporated a letter from Dr. Wyld, you will deem it only fair that those who cannot go along with Dr. Wyld should have the opportunity of letting it be publicly known that, though Dr. Wyld is vice-president of the British Homœopathic Society, and therefore might be naturally supposed to speak the sentiments of the homœopathic school, he does not by any means do so. We agree with Dr. Wyld in desiring union in the profession and the cessation of the illiberal spirit of opposition to those who are acting conscientiously, and who believe they are in the right. The position, however, which we take up, and are resolved to hold, is as follows:

1. We deny that we are sectarians, or have any wish to be so. On the contrary, we consider those to be the real sectarians who refuse to investigate the action of medicines according to the law of similars, and who ostracize those who, having done so, are satisfied that by this law they have the key to the true action of medicines.

2. We believe that, being aware of the practical value of the knowledge of this guiding principle in therapeutics, we are in the forefront of science, and are the custodians of a great truth in medicines, and that, therefore, it would be morally wrong to agree to any basis of union with the old school, on which we are prevented in the smallest degree from acting up to our convictions and the result of our practical experience.

3. The practice of the majority of homœopaths is not such as is described by Dr. Wyld. From his remarks one naturally infers that we employ the law of similars as only one, and by no means a prominent, part of several various modes of treatment, in consequence of which to call our practice homœopathic is misleading. On the contrary, we wish it to be understood that, though, as physicians in the highest sense of the term, we are debarred from making use of no therapeutic measures which we think will be of service to our patients, yet for this very reason we prescribe medicines in the vast majority of cases on the homœopathic principle, and only use non-homœopathic treatment in exceptional cases, and

rarely. Our practice, therefore, as distinguished from that of an "orthodox" allopath, is most appropriately termed homœopathic. The use of heat and cold in the form of fomentations, poultices and baths is the common property of both schools, the only point wherein we differ being the internal administration of drugs.

4. The infinitesimal dose is not abandoned. Although some medicines act better in what are called "tangible" doses, which to the allopathic mind are, however, minute doses, yet others act much better in that known as "infinitesimal" doses. We therefore make use of the whole range of dose from the "infinitesimal" to the "tangible," provided always that the latter is less than will cause any aggravation of the symptoms. We therefore disclaim Dr. Wyld's description of our practice, and decline any terms of union, unless we join the general army of medicine with colors flying, and with full liberty to maintain in every point our present belief and our practice in principle and in dose.

We have maintained our position and our stand for what we believè to be the greatest truth ever discovered in therapeutics so long that we can afford quietly to wait for—what is only a question of time—the full recognition of the great principle of which we are proud to be the custodians. I believe that in this matter I express the sentiments of the large majority of my homœopathic *confreres*.

I am, etc.,

D. DYCE BROWN, M.A., M.D.,

Member of the British Homœopathic Society; Physician to the London Homœopathic Hospital; Lecturer on the Principles and Practice of Medicine in the London School of Homœopathy; Joint Editor of the Monthly Homœopathic Review.

29 SEYMOUR STREET, PORTMAN SQUARE.

A LETTER FROM DR. JAMES B. BELL.

TO THE EDITORS OF THE BOSTON DAILY ADVERTISER:

Dr. Wyld is at full liberty to write letters to Dr. Richardson, proclaiming his own ignorance of the first principles of homœopathy. He is not at liberty to give the public a totally wrong impression of those principles. Hahnemann was not a schismatic. He was a discoverer. His discoveries are to-day, to one class of physicians, a prized heritage of unspeakable worth, whilst to another class they are the errors of fanatics,

fools, and knaves. What possible bond of union can be found for these two? Only one: The acknowledgment and recognition of these discoveries; and that must come, not from the new school, but the old. The best and truest representatives of the new school ask and desire no other bond of union. Chemistry asks nothing of alchemy; astronomy asks nothing of astrology; light asks nothing of darkness; homœopathy asks nothing of allopathy, but a fair field and no favor. All this comes, not from any fanaticism or intolerance on our part, but because we are in the possession of principles and facts which totally remodel the medical part of the practice of medicine, and we cannot give these up while we retain our reason. If it be asked, "How comes it, then, that some so-called homœopathists can desire a compromise?" it may be answered, that although this is a perfectly proper question it is not exactly pertinent to the present purpose of this note.

JAMES B. BELL, M.D.

AUGUSTA, ME., June 16th, 1877.

(Apropos to this absurdity of a blending of the two schools, we herewith append an extract from a letter from Moncure D. Conway to the *Cincinnati Commercial* of July 2d. "Behold how great a fire a little spark kindleth." Dr. Wyld's scheme is in every sense a *wild* one, but he has doubtless learned ere this that while he has a perfect right to speak for Dr. Wyld, and fuse himself with Dr. Richardson and his brethren, he has no authority for giving utterance to anything in the name of the homœopathic school, and that he has but a lean following. There is something very exhilarating in the trumpeted utterance of Dr. Dyce-Brown. He has recently come out of the allopathic ranks, and he knows that the two schools have no common platform to stand on save that of a common humanitarianism, and that it is just as impossible to bring them together in one harmonious whole as it would be to unite the Romish and the Presbyterian Church, *unless* the lion and the lamb should agree to lie down together, and, by way of variety, the lion should be willing to lie down inside of the lamb.—EDITOR H. M.)

"A good deal of interest has been excited here by overtures which have been recently made by leading homœopathic physicians to the allopathists for *rapprochement*. It was begun by a consultation between some of the leading representatives of the two parties, whose division has been from the first accompanied by hostilities of almost theological in-

tensity. It is admitted by the homœopathic leaders, and thus far without any public remonstrance, so far as I can learn from their comrades, that Hahnemann carried his principle of infinitesimal doses to an absurd extreme, and they attribute this to his having been badgered by his opponents. They declare that no homœopathist practices now on the infinitesimal principle, but use doses which, though small, have sufficient potency to affect the system. They also admit that they are no longer bigoted in their adhesion to the *similia similibus* theory of cures, but whenever experience has approved any remedy they gladly adopt it. On the other hand, they bring forward evidence—which the allopathists do not contradict—to show that many old medical orthodoxies are now heresies; that the allopathists do not use 'heroic' remedies any more, but have reduced remedies in quantity; and they allege that in some cases the allopathists use the like cures like principle. The old-school practitioners are in medicine what the Church establishment is in religion; they have the position, the endowments, and in army, navy, and National hospitals they are the only physicians recognized. And yet, like those Nepaul gods of whom I have been writing, their return for all these favors has been only measurable, and the consequent alienation of the people from them has been serious. It is rather in despair of the orthodox than with much faith in the unorthodox schools of medicine that so many repair to the latter.

"The homœopathists in London have had a terribly up-hill time of it, not only because of the favoritism of the government for their opponents, but from other reasons. Several of their physicians went off into Spiritualism, and it naturally got into rumors that they were in the habit of consulting the dead for the sake of the living. Nothing is more fixed in the average Englishman's mind than that otherworldliness must be limited to religion and rigidly confined to one day in the week. At midnight of Sunday his obligation to the immaterial ends, and the homœopathists have suffered generally by the supposed dealings of some of their number with the occult and the spiritual, though there is good reason to believe that these suspicions have been unjust even to most of the individuals named, as they certainly are to the majority of practitioners. The homœopathists have a good college and several good institutions; but they are too much overshadowed by the medical bureaucracy to make progress. I do not know what progress is being made toward the solidarity now sought

for, but it can hardly be regarded in any other light than a throwing up of the sponge by the weaker party, and it is not unlikely to secure a concentration of all the medical culture and ability, which can hardly fail to stimulate a rather unprogressive profession. Since the allopathists hold the throne, it is a rather serious matter that their more progressive and inquiring elements should be drawn off into an inadequate channel; and it may be hoped that the reunion will be followed by a new departure."

ALLEN'S MATERIA MEDICA.

BY E. W. BERRIDGE, M.D.

I REGRET to find that Dr. Allen accuses me of leading him a "wild-geese chase," by pointing out certain omissions in his *Materia Medica*. He says that some of the symptoms I have referred to are unreliable. Be it so; nevertheless, they *are* omitted, and I maintain that I did right to call attention to the *fact*. Formerly physicians might have imagined that Dr. Allen had overlooked these cases; now they will know that they were intentionally omitted, and the reasons for such omission. When Dr. Allen sent out a specimen paper containing *Aconite*, I pointed out to him that several symptoms were omitted, erroneously or imperfectly given. This Dr. Allen acknowledged and corrected on p. 44 of vol. 1 of his *Materia Medica*, though the symptoms were not omitted (as he there states) from *imperfect index*, but from *imperfect extraction* of the symptoms from the provings which *were* referred to. After these instances of error (and I have since detected others) it was only natural that I should call attention to other possible omissions.

Now let us examine Dr. Allen's statements more closely.

1 and 2. Dr. Allen rejects these because they occurred on *patients*. Hahnemann admitted symptoms from patients; so has Allen himself; we must in each case decide upon the probability of the symptoms being caused by the medicine or the disease. In these two cases I am decidedly of opinion that they were caused by the drug, and therefore should have been given in brackets. One of the symptoms, said by Hempel to have been produced by six grains of *Muriate of quinine* on a hemiplegic man of 69, is "excessive desire for an embrace, with erection and loss of semen, accompanied by redness of face." I think this may be fairly attributed to

the drug; hemiplegic old men of 69 do not usually exhibit such symptoms!

3 to 7. I did not say that Allen had omitted *Cubebs*, *Cuprum carb.*, etc.; but that he had omitted symptoms thereof as given by Noack and Trinks. Under *Cubebs*, Hempel gives "Heat in mouth," a "peculiar smell of saliva." These I cannot find in Allen. They may be *purposely* omitted as unreliable, yet I maintain that I have rightly called attention to the omission, as the matter can now be cleared up. Dr. Allen does not give *Cupr. carb.* at all, unless it is mixed up with the other varieties of *Cuprum*.

8. Allen admits that I *am* right here, but says he could not obtain the original record. Would it not have been better to have mentioned the fact, and applied for help? Surely Hering or some of our German colleagues could obtain it.

9. Allen admits I am right here also. With regard to Teste's proving, it is certainly of sufficient importance to be given, even if bracketed.

10. Allen omits Bœnninghausen's symptoms of *Ferrum mur.* because they *may* be clinical; yet he copies those of Houat, some of which are obviously and confessedly clinical.

11. I have no objection to the *imponderabilia* being placed by themselves; only I hope that Dr. Allen *will* give them at the end of his work, if only in deference to our Master, who gave us the provings of *Magnetism*.

12 to 18. Dr. Allen pleads that the omitted symptoms here are either not found in original or are erroneous. This is perfectly satisfactory, and we are glad to know the "reason why."

18 to 19. If Dr. Allen will give the two references to *Heracleum* and *Asparagus* which he here mentions, I will endeavor to find them, if in the English language.

20. The symptoms given by Howslip are to my mind clearly the result of *Cantharides*, and therefore should have been given, even if bracketed. On the preceding page, Hempel gives another of Howslip's observations, which Allen apparently omits.

21. Symptom "objects seen only when looking sideways." This is said to be wrongly translated, and to be marked in the original with an *asterisk* to denote that it was discovered in a patient. Unless we take care we shall get into strange confusion. Allen uses a star to denote *pathogenetic symptoms clinically confirmed*; Hering to denote *purely clinical symptoms*; and the compiler of *Chin. sulf.* to denote *symptoms ob-*

tained from the sick. If the symptom is not genuine, by all means omit it; it is given as reliable on p. 13 of the *Cipher Repertory*.

22 to 26. I here merely mentioned the references given by Hempel; but Allen's explanation is perfectly satisfactory.

27. General statements should of course be omitted if they are merely recapitulations of cases previously detailed; but if they are new, they should be given. I cannot find in Allen the following symptoms (among others) quoted by Blackley from Imbert-Gourbeyre, "Erysipelas covered with numerous vesicles filled with yellowish serosity, followed by desquamation, drying, and scabbing, and anæsthesia of extremities." Surely this symptom was worth preserving.

28. Dr. Allen rejects two cases of poisoning quoted by himself, because antidotes were taken. Why, then, did he insert the 9th proving of *Cannabis indica*, where *aromatic spirits of ammonia* were taken with the *Cannabis*? In these two cases of poisoning by *Arsenic*, the symptoms "*silvery fur on tongue*" was noticed; does Dr. Allen attribute this to the antidotes? It is mentioned in toxicological works as a characteristic symptom of *Arsenic*, but I cannot find that Allen gives it. Dr. Allen omits the symptom "*feeling of hot water running down the calves from knee to ankle, first in the left leg then in the right,*" because the patient had a skin eruption! Is it more likely that the symptom depended on the *Arsenic* or the eruption? Dr. Allen has admitted other symptoms from *patients*.

29 to 30. I do not know why Higgins's "general statements" should be omitted; if the reader will refer to his account of the different effects of various snake-bites, he will, I think, agree with me that they are of importance. Higgins refers (p. 402 of N. Y. J.) to a proving of *Cinchona Bolivica* by Dr. Madieds, published in *La Homœopathica*, vol. 1, p. 333, and containing 271 symptoms. These I cannot find in Allen.

31. I will look up the omitted provings in time for the last volume; in the meantime I will mention Dr. David Wilson's proving of *Coca*, given by me on p. 165 of vol. 5 (new series) of *N. A. Homœopathic Journal* and omitted by Allen.

With regard to *Phytolacca*, I find I have made a note to the effect that the *detailed account* of one of Burt's provings is given in Hale's first edition, but is only given in the scheme of the 2d (see p. 757 of second edition). I called

attention to it, because, as Dr. Allen would probably refer to the detailed accounts, he might easily overlook it.

I am sorry to detect a tone of *annoyance* in Dr. Allen's reply. My object was only to make our *Materia Medica* as perfect as possible. I hope therefore that he will not take it amiss if I point out the following additional errata.

(1.) The 14th proving of *Iodum* by Dr. Mohr really belongs to *Indium* (see A. J. H. M. M. vol. 8, p. 378).

(2.) The 4th proving of *Arsenicum hydrogenisatum* is attributed by Allen to O'Reilly in *Dublin Journal*, 1842. This case is quoted in my *Pathogenetic Record*, p. 269, case 194. (I may here mention that in the *Pathogenetic Record* I have scrupulously quoted the symptoms with all three conditions, concomitants, and sequences, just as they are given, omitting only unnecessary verbiage.) On comparing the two, I cannot find the following in Allen :

(1.) Giddiness and faintness, followed by shivering, during which he had a stool, and two ounces of blood were discharged without pain from urethra.

(2.) Pain in lower extremities, more particularly in right, and numbness of the superior, and afterwards of the inferior, extremities, followed by a tingling sensation, lasting two hours. (This is partially and erroneously given by Allen ; see symptoms 51, 54.)

(3.) The vomit was greenish, about two quarts in quantity.

(4.) Pulse 90, but feeble.

These symptoms came on before antidotes were taken ; after the antidotes there was jaundice, which, with other symptoms of the case, I cannot find in Allen. Why are they omitted ?

THE HAHNEMANN CLUB OF PHILADELPHIA.

WEATHER PROVING.

BY BUSHROD W. JAMES, M.D.

(Read before the Hahnemann Club of Philadelphia.)

JUNE, 1877.—Sergeant Beall, in his local report for this month, notes the following points:

Barometer.—Monthly mean, 30.00 ; highest, on the 13th,

30.29; lowest, on the 6th, 29.61; monthly range, 0.68 of an inch. Although the barometer has been very unsteady during the month, yet no marked depressions have occurred which were accompanied by dangerous winds.

Temperature.—Monthly mean, 72 degrees; highest, on the 26th, 93 degrees; lowest, on the 23d, 54 degrees; the warmest day was on the 19th; coolest day was the 23d; greatest daily range of temperature, on 26th, 24 degrees; least daily range, on the 16th, 6 degrees.

Moisture.—Mean relative humidity, 6.47 per cent.; the number of days on which rain fell were 10; cloudy days, 10; fair days, 9; clear days, 1. The precipitation for the month is much larger than for similar months in the past six years; the number of rainy days are less.

Disease Tendency.

The disease tendency for June indicates that the day on which the barometer was the lowest (6th) patients were unusually restless, afflicted with languor and drowsiness; and many invalids, as well as others, were extremely wakeful or sleepless during the night.

The day on which the barometer was the highest, the 13th, we find a tendency to improvement; this tendency lasted for two or three days about this period.

About the 15th enteric and gastric diseases set in, regardless of the temperature or barometric pressure. It is a peculiarity here that every June, about the same time in the month, the deaths from cholera infantum begin to range higher, and if a very hot spell occurs about this period, the mortality list of cholera infantum is largely increased.

This year, at the middle of the month, the barometric condition (high), the atmospheric state (medium), the direction of the wind (west), were all favorable for continued improvement, and yet we find diarrhoea, cholera morbus, general prostration, enteralgias, sore throats, and fresh colds prevalent, and thus continuing during the rest of the month. Some diphtheritic sore throats were noticeable about the 22d, during a northeast wind, and this condition was also observable about the 4th; there was a slight tendency to rheumatism and general aching and pains about the 23d. A very prostrating day occurred on the 26th. To sum up for the month, and compare with other years past, the health of Philadelphia has been remarkably good, and with no special epidemic prevailing.

A PROVING
OF THE
ARSENIATE OF SODA.
(*HYDRO-DISODIC ARSENIATE.*)

BY THE
HOMCEOPATHIC MATERIA MEDICA CLUB
OF ALLEGHANY COUNTY, PA.

THE PROVER'S RECORD ARRANGED BY

J. F. COOPER, M.D.

CONTRIBUTED TO THE PROCEEDINGS OF THE HOMCEOPATHIC MEDICAL SOCIETY
OF PENNSYLVANIA, AT THE SESSION OF 1875.

PRINTED BY THE
HAHNEMANNIAN MONTHLY.
1876.

ARSENIATE OF SODA.

INTRODUCTION.

THE Homœopathic Materia Medica Club of Alleghany County consists of the younger graduates and some of the students of homœopathy of the county, associated in an organized society gotten up for the purpose of perfecting its members in the study and application of the Materia Medica. At the time this proving was commenced, the Club consisted of fourteen members, eight of whom furnished individual records kept by themselves in making the proving; and in addition to these, Millie J. Chapman, M.D., also kept and contributed a record of provings.

Three of the original provers went over the proving a second time, taking each an ounce of the tincture. The records made in the reproving was done by a person other than the prover, in order to correct a defect markedly seen in the first record, growing out of the influence of the drug upon the memory.

On entering upon the proving none of the provers knew what drug they were taking.

The persons furnishing records from which this paper has been made were

J. S. C.—J. S. Crawford, M.D.
J. H. B.—J. H. Buffum, M.D.
R. R.—R. Ramage, M.D.
O. R. S.—O. R. Shanon, M.D.
J. G. T.—J. G. Thompson, M.D.
J. C. K.—J. C. King, M.D.
M. J. C.—Millie J. Chapman, M.D.
W. J. M.—Mr. W. J. Martin.
Z. T. M.—Mr. Z. T. Miller.

The three who made the reproving were:

O. R. S.—O. R. Shanon, M.D.
R. R.—R. Ramage, M.D.
J. G. T.—J. G. Thompson, M.D.

EXPLANATORY NOTE.

The capital letters preceding a paragraph of symptoms represent the initials of the prover; thus R. R. refers to R. Ramage, M.D.

The figures 3^d, 43^d, 8^d, indicate *the day of the proving* in which the symptoms they precede were observed.

The figures following symptoms indicate the strength of the drug producing them. Thus, 0, 6, 15, 30, following a symptom, show that it was produced while the prover was under the influence of the tincture (solution) or the sixth, fifteenth, or thirtieth dilutions respectively.

The symptoms have been arranged to facilitate reference as much as possible.

This drug is a combination of Arsenious acid and Nitrate and Carbonate of sodium in the following proportions:

Arsenious acid,	.	.	.	.	.	.	.	10
Nitrate of sodium,	.	.	.	.	.	.	.	8
Dried carbonate of sodium,	.	.	.	.	.	.	.	5

These substances, finely pulverized, are put into a clay crucible and covered; then brought to a full red heat until effervescence ceases, at which point complete fusion has usually taken place. The fused salt is then poured on a porcelain slab and allowed to solidify, and while still warm is put into a sufficient quantity of distilled water boiling hot and stirred till dissolved. The solution is then filtered and set aside to recrystallize. The crystals when formed are drained, rapidly dried on filtering-paper, and kept in well-stoppered bottles to prevent efflorescence.

This preparation has been considerably used in old-school practice, and is preferred by many of that school on account of its being milder in its action and less dangerous in the using than Arsenious acid. From a twelfth to a third of a grain are the bounds within which it is usually given with safety.

It is, however, more frequently used in solution, and is the base of Pearson's solution, and is also the base of a solution of the *U. S. Pharmacopœia*.

Pearson's solution consists of one grain of the Arseniate of sodium to an ounce of distilled water, and that of the *U. S. Pharmacopœia* four grains to the ounce of distilled water.

This proving was commenced on all who took the medicine with the thirtieth attenuation in five, ten and fifteen drop doses, each dose to be put into about an ounce of water and to be taken in that form. The first tincture (solution) used was prepared with ten grains troy, by weight, to the ounce of

distilled water. The attenuations used were made from this tincture. The tincture used in the three reprovings added to this paper since it was presented last year, was made of eight grains troy to the ounce of distilled water. The attenuations were made on the decimal scale and prepared with distilled water as far as the third, and then with alcohol.

The medicine, both the attenuations and the tincture, was taken by most of the provers at the rate of three doses per day upon an empty stomach. The proving was commenced in July, 1875, and the last record made was in the December following.

The principal symptoms are here noted in the order in which they occurred in most of the provers :

Synopsis of Symptoms Produced.

Dulness and want of power to concentrate the mind. Inability to think clearly or study to advantage. Dull pain in the orbits and supraorbital region. Fulness and great swelling of the orbital region. Congestion of the vessels of the conjunctiva, worse from day to day while the proving continued. Thickening of the conjunctiva, and when the ball is rolled from side to side or up and down, that membrane is rolled upon itself, so as to appear in folds or reddened fleshy-looking masses between the ball and lids. The frontal headache and smarting of the eyes and orbital swelling are worse in the morning, wearing lighter as the day advances.

A reddish papular eruption over the face, more on the right side of the face. Thickening and œdema of the tonsils, uvula and soft part of the palate. Obstruction of the nasal cavities. Hawking of a tough, gelatinous, grayish-yellow mucus from the throat and posterior nares. A watery discharge anteriorly from the nose. A teasing dry cough through the day, continuing long after the medicine ceased to be taken by the provers.

The usual resonance on percussion, but at times no respiratory sounds to be heard. Fluctuation in the action of the heart. Its action very much accelerated and the respiration rendered difficult by protracted fatiguing effort or exercise.

Extreme tenderness in the epigastric region. Pain from time to time shifting through the bowels; relieved by the escape of gas or the passing of fœces. The stools occasionally laxative and at times of natural consistence. An unusual

quantity of gas generated in the bowels and passed off per anum.

Tenderness in the epigastric region and more or less distension of the abdomen.

Appetite increased while taking the tincture and became poor after ceasing to take it.

Tongue but little coated in some of the provers; somewhat reddened and corrugated in others. Thirst. Shooting pains in the chest on either side at the junction of the ribs with the cartilages. Neuralgic pains in the parts supplied by the sciatic and crural nerves.

Skin.

First Proving.

R. R.—3^d. Fine red rash on the face and neck, most of it on the right side,⁰.

6^d. Rash still as above,⁰.

8^d. The fine miliary rash still on the face and neck,⁰. On retaking the medicine after a lapse of twenty days the rash brought out by the first taking of the medicine did not again appear,⁰.

J. C. K.—43^d. An eruption of diffused irregular patches, with numerous papular elevations, without areola, with pointed apex, on the face and neck. Most abundant between the zygoma and the ramus of the lower jaw. A goodly number, however, on the neck, and more on the right side than on the left,⁰.

58^d. Have a small boil on the right side of the chin and one on the tuberosity of the ischium,⁰.

W. J. M.—51^d. Within the last three days there has appeared on the skin covering the left superior maxilla, a number of hard very red pimples, not very painful,³⁰.

M. J. C.—8^d. Yellowish blotches resembling moth patches appear on the cheeks and forehead, remaining a day or two,³⁰.

J. H. B.—11^d. A boil appears on the outer hamstring of the left leg,³⁰.

Reproving.

O. R. S.—9^d. The complexion a little red or purplish,⁰.

22^d. The skin natural,⁰.

J. G. T.—11^d. A brownish scaly condition of the surface of the chest which has been there for the past ten years is disappearing, and a reddish color of the surface of the chest and neck remains, distinctly marking the boundaries of the old eruption or discoloration,^o.

25^d. The chloasma over the chest and lower part of the neck, and also over part of the abdomen and along and over the rectus abdominis muscle, has changed to a moderately bright red color, and seems to be disappearing,^o.

Sleep.

First Proving.

J. G. T.—2^d. Had to lay on the face to get to sleep, but slept well through the night,^o.

3^d. Slept moderately well through the night,^o.

6^d. Slept poorly; would start up and be wide awake and much frightened,^o.

8^d. Slept better last night.

R. R.—4^d. Slept soundly,^o.

8^d. Restless and wakeful, followed in the morning by a general depression,^o.

9^d. Restless. Sleep full of dreams, with frequent waking,^o.

O. R. S.—14^d. Sleep full of dreams of murder and fighting,^o.

15^d. Laid down and slept two or three hours, after which arose, feeling better,^o.

J. C. K.—23^d. Have been very restless for three nights. Frequently waking to find the covers pushed aside and myself in another position from that in which I went to sleep. I usually rest in one position all night, not waking through the night,^o.

40^d. Had many dreams and was restless last night. Am not usually so,^o.

47^d. Was restless last night and dreamed, contrary to my usual custom.

48^d. Slept little last night, was very restless and awoke frequently,^o.

Z. T. M.—3^d. Extremely sleepy,³⁰.

24^d, P.M. Drowsy and sleepy while at work,¹⁵.

25^d. Did not sleep well; awoke often through the night,¹⁵.

39^d, P.M. Yawning, without sleepiness.

40^d. Slept unusually well for eleven hours, although I usually sleep but six and a half or seven hours,¹⁵.

W. J. M.—12^d. Slept well last night, but dreamed a great deal,⁶.

49^d. Slept well but awoke early, with great pain in the bowels and a dreadful headache,⁶.

50^d, 10 P.M. Took a bath and went to bed, but was restless, and could not sleep till after three A.M.,¹⁵.

M. J. C.—8^d. Could not sleep till late because of the uncomfortable feeling in the stomach,¹².

J. H. B.—9^d. Retired about 11 P.M., but could not sleep till after midnight on account of a restless tossing about,³⁰.

11^d. Sleep disturbed,³⁰.

Reproving.

O. R. S.—11^d. Slept well through the night,⁰.

12^d. Slept well last night, and felt well on getting out of bed this morning,⁰.

13^d. Slept well and felt moderately well, except dull and stupid,⁰.

14^d. Did not sleep well. Dreamed of getting into a row and having difficulty,⁰.

15^d. Took but two doses of the medicine yesterday and slept soundly, but felt weary on waking,⁰.

17^d. Slept well during the past night,⁰.

19^d. Slept uneasily; dreamed, shifted, and was restless,⁰.

20^d. Slept well,⁰.

22^d. Slept well, but awoke in the morning with dry fauces and pharynx,⁰.

24^d. Slept well,⁰.

J. G. T.—5^d. Slept well,⁰.

10^d. Last night, and the previous one, on laying down to sleep, on closing the eyes visions of small black animals appeared to pass as it were before the eyes, arousing him from sleep, and while sleeping black objects were dreamed of. Though the night's sleep was a troubled one he laid still,⁰.

11^d. Sleep troubled with dreams of an indefinite character,^o.

12^d. Slept through the night without waking,^o.

13^d. Slept well last night,^o.

14^d. Slept well,^o.

15^d. Slept as usual, notwithstanding the feeling of oppression in the chest, and does not recollect coughing through the night,^o.

16^d. Slept soundly, but was restless, and tossed about without being aware of it, and, on inquiry, find that it has been so since the drug commenced to produce symptoms. When roused up at any time since taking the drug he wakes nervously as if in affright, which is not usual with him,^o.

18^d. Slept soundly, more so than usual, but tossed about; and when attempts were made to arouse him he rose up in the bed excitedly and lay down again, without being conscious of it in the morning, which was not usual with him. Finds it difficult to get to sleep. Has a feeling of nervousness all the time, which seems to annoy and prevent him going to sleep,^o.

19^d. Was waked three times during the night by the pain in the inguinal region,^o.

24^d. Slept well,^o.

25^d. Slept well, but awoke with a dull frontal headache,^o.

29^d. A restless feeling prevented his going to sleep till after one o'clock in the morning, although he went to bed at 9.30 P.M.,^o.

R. R.—3^d. Troubled sleep. Unusual dreams of quarrelling and difficulty,^o.

4^d. Slept well, and had no unusual dreams,^o.

7^d. Slept well,^o.

8^d. Slept well,^o.

10^d. Slept well,^o.

12^d. Slept well,^o.

13^d. Was restless and tossed about a great deal through the night. Was at times chilly for a few minutes, then hot,^o.

Mind and Disposition.

First Proving.

J. G. T.—2^d. Requires an effort to attend to accustomed duties. Feels dull. Tries to write, but it requires an effort to form each word,^o.

4^d. Feeling of nervousness all through the body,^o.

5^d. Stupid all day,^o.

7^d. Feel gloomy and want to sit quiet,^o.

R. R.—5^d. Listless, languid, wants to sit still. No disposition to attend to his accustomed business. Mind dull; cannot think clearly,^o.

6^d. Feels nervous. Head feels dull, as if he had taken cold. Cannot concentrate the mind when reading,^o.

8^d. Cannot remain long in one position; must move about. Feels nervous and much prostrated,^o.

9^d. Dull and languid all day. Easily fatigued when walking,^o.

14^d. Still easily fatigued when walking,^o.

O. R. S.—Feel dull, stupid and forgetful.

14^d. Feel much better doing nothing. Do not wish to think, to read, or to exercise,^o. Eight days have passed since I quit taking the medicine, but still feel its effects.

5^d. After recommencing the taking of the drug, feel dull and stupid,^o.

7^d. Dull and stupid,^o.

11^d. Continue to feel badly, though the medicine has been done for four days,^o.

J. C. K.—21^d. Have an unpleasant feeling of general indisposition. Do not feel like thinking or attending to any business. 7.50 P.M. Very nervous. Feel very much exhausted,^o.

22^d. Quite nervous and uneasy, and not disposed to attend to business,^o.

25^d. Disinclined to read or accomplish any business. Feel depressed or blue,^o.

26^d. Went to the country, and while away felt much better. Had no uncomfortable feelings. For several days have had an aversion to an accustomed cigar, and after smoking the symptoms grow worse.

36^d. Have felt pretty well for several days,^o.

42^d, 9.30 A.M. Am unable to concentrate the mind on any subject requiring study. Restless, and unable to think,^o.

43^d, 9.30 A.M. Cannot think clearly and rapidly,^o.

45^d, 7.05 P.M. Exceedingly nervous; cannot sit still without exercising all my self-command,^o.

46^d, 7.50 P.M. Have at times through the day felt better, and at times worse,^o.

47^d, 8.05 P.M. Am very nervous; cannot hold my pen steadily,^o.

48^d, 8.10 P.M. Am still quite nervous,^o.

53^d, 9.30 P.M. Feel more inclined to study and apply myself to business. The mind is clearer. Feel more cheerful and better in every respect,^o.

58^d. Feeling better and more cheerful than before I took the drug. This condition, however, is wearing off. It was more noticeable some days since,^o.

W. J. M.—7^d. Desire to keep quiet,³⁰.

12^d. Feeling of lassitude, and want to lie down or to sit,¹⁵.

50^d. Arose at eight in the morning, feeling very miserable,⁶.

51^d. Am feeling languid and worthless,⁶.

M. J. C.—2^d, 8 A.M. Am dull. Stupid feeling lasting through the day. Can scarcely keep awake,³⁰.

3^d. Feel well. Can study easily,³⁰.

12^d. Am disposed to be reconciled to circumstances favorable or unfavorable. Feel like working hard. No undertaking too large for me,¹².

J. H. B.—9^d. Great restlessness; cannot sit still for any length of time without considerable force of will. Feeling as if something was impending, which caused him to move about,³⁰.

11^d. Very languid feeling during the day,³⁰.

Reproving.

O. R. S.—10^d. Heavy and sleepy. Cannot study. Disposed to remain sitting,^o.

11^d. Mind clear,^o.

12^d. Dull and listless all day,^o.

14^d. Listless and dull. Could not study; but on going into the open air and walking about, all the symptoms were relieved, and while walking he was bright enough, but when he came in and sat down, the same feeling of dulness returned,^o.

16^d. Mind not fit for study, and disposed to be irritable.

19^d. Irritable, dull, and wants to sit or lie and not be disturbed. Cannot study. Forgetful,^o.

20^d. Mind much clearer,^o.

24^d. The mind clearer. The disposition to forget entirely changed, and the petulant disposition and feeling of taciturnity gone,^o.

J. G. T.—4^d. Dull, and indisposed to study. Cannot be interested,^o.

5^d. Cannot concentrate the mind readily,^o.

6^d. Want of power to concentrate the mind continuous,^o.

9^d. Confusion, and want of power of concentration, much worse all day,^o.

11^d. Still depressed,^o.

12^d. Somewhat dull, and unable to concentrate the mind for study,^o.

14^d. Feeling of confusion through the head, and want of power to readily concentrate the mind,^o.

15^d. The symptoms of the mind about as for several days,^o.

19^d. Still unable to bring himself to study,^o.

R. R.—3^d. Could not think readily during the day, but this P.M. the mind is clear as usual,^o.

24^d. Cannot concentrate the mind, or recall names, and indisposed to study or to speak to any one while the afternoon headaches last.

37^d. More impressionable to cold than formerly,^o.

Head.

First Proving.

J. G. T.—2^d. Dull aching in the frontal region on awaking in the morning,^o. During the day pain in the frontal region, very severe. Every motion jars the brain,^o.

3^d. The head feels dull and heavy, with aching pain in the frontal region,^o.

4^d. The head feels heavy,^o.

5^d. Dull frontal headache,^o.

6^d. Confused feeling in the head,^o.

7^d. The head feels heavy,^o.

8^d. Dull frontal headache,^o.

9^d. Dull feeling in the frontal region and at the root of the nose,^o.

R. R.—4^d, 8 P.M. Feeling of heat and fulness in the whole head.

5^d, P.M. Violent frontal headache and much prostration. Violent headache; every time he awoke the whole head ached,^o.

6^d. The headache better, but the head feels dull,^o.

8^d. The head feels dull. A vacant feeling in the whole head. Cannot concentrate the mind on anything.

9^d. Head somewhat better,^o.

10^d. The head much clearer,^o.

11^d. The head dull and heavy,^o.

J. C. K.—18^d, 12.15 P.M. Feeling of fulness in the head all morning. Occasional shooting pains above the right eye. The head feels sore, and I feel drowsy,^o.

21^d. The head feels dull. 7.50 P.M. Dull pain in the top of the head,^o.

22^d. The head feels dull and heavy, with some aching on the vertex,^o.

25^d, 8.25 P.M. Have had a dull aching in the top of my head and above the eyes (not severe) all day,^o.

44^d, 2.30 P.M. The headache to-day left at this time,^o.

45^d, 7.05 P.M. Have had an occasional dull headache on the top of the head, lasting about fifteen minutes at a time,^o.

46^d, 9.35 A.M. Headache on top of the head,^o.

47^d. Have had quite a severe headache at intervals all morning. 4.40 P.M. Severe sharp headache in the top of the head and in the forehead above the eyes; worse above the right eye. 8.05 P.M. The aching continues, and is increasing in severity,^o.

49^d, 8.55 A.M. Have a severe but dull aching on the top of the head, and also in the sides of the head. 3.30 P.M. The headache lasted till after dinner,^o.

Z. T. M.—2^d. Drawing pain in the right temple, lasting a short time,³⁰.

3^d. Occasional shooting pains through the forehead and right temple,³⁰.

25^d, 12 M. Shooting pains through the frontal region,¹⁵.

26^d. Shooting pains in the frontal region,¹⁵.

27^d. Feeling of pressure over each side of the posterior inferior part of the occiput, as if resting in a photographer's head-rest. Numbness in the forehead in the evening. A wavering floating sensation on turning the head quickly,¹⁵.

39^d, P.M. A boring headache in the temples, from without inwards, principally on the right side and extending to the left, with nausea. The head feels hot, but on placing the hand on the forehead it seems cold. The headache is aggravated by heat, pressure and tobacco-smoke. Throbbing of the temporal artery,¹⁵.

40^d. Severe pain in the right temple on getting up in the morning, which he formerly had, but supposed himself cured of from his having been free from it for a long time. The pain confined to the right temple. While eating breakfast had a severe pain through the right temple, after which the headache grew less. Have had a dull heavy head all the evening, with slight nausea,¹⁵.

41^d, 8 A.M. Dull headache in the right temple,¹⁵.

W. J. M.—12^d. Head dull and heavy. P.M. Head clear,¹⁵.

48^d, 5 P.M. Pain in the right temple. Was stooping a great deal during the evening, which aggravated the pain. The pain shifted to the orbital region.

50^d, 8 A.M. Bathed my head in cold water without any benefit. Ate a little at noon, which seemed to relieve me, but the aching returned in all its violence on walking out in the hot sun. 8 P.M. Very little pain in the head, and do not feel so weak or sore,⁶.

51^d. Got up between 6 and 7 A.M., having some headache, which continued all day. 6 P.M. Free from headache,⁶.

J. S. C.—3^d, 6 P.M. Dull, heavy feeling in the head lasting about three hours,³⁰.

4^d, 3 P.M. Dull, heavy feeling in the head lasting five hours, after which the head ached violently, every motion of body aggravating it, even turning the head, and relieved by tying a handkerchief tightly around it,³⁰.

5^d. Slight dull feeling in the head,³⁰.

16^d, 3 P.M. Dull, heavy feeling in the head, especially in the vertex, increasing in severity till I went to bed, and was made worse by stooping or moving the head. The aching took away the appetite,³⁰.

M. J. C.—2^d. Throbbing in the head on going up stairs,³⁰.
8^d, P.M. Fulness in the forehead and throbbing in the top of the head,¹².

13^d. Dull, heavy feeling in the forehead and top of the head, with occasional sharp pains in the side and top of the head,¹².

15^d. Aching in the forehead; heavy feeling in the forehead,¹².

Reproving.

O. R. S.—12^d. Slight dull aching through the temples, and across, above and in the superciliary ridge, worse during the forenoon,⁰.

14^d. Dull pain over the orbits reaching into the temporal region. Dull through other (confused) feeling in the head,⁰.

16^d. The head feels dull,⁰.

17^d. Dulness and very moderate aching through the supra-orbital region,⁰.

18^d. Dull supraorbital headache,⁰.

20^d. The head feels better,⁰.

24^d. Quite a severe aching through the temples and forehead; worst from temple to temple, and lasting from the time of waking in the morning till 1 P.M.,⁰.

36^d. No headache for ten days.

J. G. T.—5^d. Heavy, disagreeably full feeling in the orbital region reaching to the temples,⁰.

7^d. Moderately severe aching in the forehead and temples, worst in and above the orbits,⁰.

11^d. Heavy feeling in the head, but less pain than for two days past,⁰.

12^d. Less frontal headache than any day since the proving began to develop symptoms,⁰.

15^d. Awoke with moderately severe pain from one temple to the other over the orbits, which has continued all day,⁰.

16^d. No headache,⁰.

17^d. Awoke this morning with very severe aching across the brow above the orbits, with considerable vertigo on moving about, and a sensation of lightness or largeness of the head while sitting, continuing severe till 3 P.M., from which time the aching has gradually lessened till now (10 P.M.),

there is just enough pain to keep him conscious of it all the time,⁰.

18^d. About enough of the supraorbital headache to make him constantly aware that he has it,⁰.

21^d. The supraorbital headache the same as last noted,⁰.

23^d. Frontal headache rather more severe,⁰.

24^d. The first impression this morning on waking was produced by a severe pain in the supraorbital region and temples, continuing very severe till 4 or 5 P.M., when it passed into the orbit, posterior to and in the ball of the eye,⁰.

R. R.—2^d. Dull, not severe, frontal headache,⁰.

3^d. Headache all day, till since 4 P.M. it has ceased,⁰.

4^d. The head has been clear all day,⁰.

9^d. Severe frontal and temporal headache coming between 2 and 3 P.M. and lasting till 5 P.M. While the pain lasted the aching part was sore to the touch, and during that time he was listless and absent-minded. 10 P.M. The head is now free from pain and soreness and the mind clear,⁰.

12^d. Dull frontal headache,⁰.

24^d. Dull frontal headache for five or six days, coming on each day about 3 P.M. and continuing steadily till 9 or 10 P.M., during which time felt dull and indisposed to study or to speak to any one,⁰.

28^d. Since the headache has passed away a feeling of prostration and sinking in the epigastrium, without pain, comes on about the same time the headache comes, and lasts about an hour at a time and is accompanied with yawning. He has been so daily, except one day, since the headache left. At that time there is a dull feeling in the supraorbital and frontal regions, which passes off with the sinking sensation.

Fever.

First Proving.

J. C. K.—21^d, 7.50 P.M. Skin hot and dry,⁰.

22^d. Skin hot, but little perspiration. Temperature 97 $\frac{7}{10}$ in the axilla,⁰.

Z. T. M.—25^d, P.M. Very chilly on retiring. Was compelled to cover up, although wife was perspiring beside me,¹⁵.

39^d, P.M. Chills on the back that made me shudder,¹⁵.

W. J. M.—11^d. Felt hot while in bed and got up feeling tired, with skin hot and dry. Feel warm though the weather is cool,¹⁵.

12^d. Skin hot and dry, with feeling of lassitude,¹⁵.

49^d. Skin very hot and dry,⁶.

51^d. Skin hot and dry,⁶.

Reproving.

O. R. S.—14^d. Disposed to get near the fire and remain there,⁹.

J. G. T.—7^d. The face feels hot and looks flushed,⁹.

R. R.—13^d. Through the night was at times chilly for a few moments, then hot. The heat was dry and burning, involving the entire frame and lasting three or four times the time of the chilliness. This condition lasted from 11 P.M. till 3 or 4 A.M., and was unaccompanied by either perspiration or thirst,⁹.

Nose.

First Proving.

J. G. T.—4^d. Dull aching at the root of the nose,⁹.

5^d. Right nostril stopped up,⁹.

6^d. The nose stopped up. Must keep the mouth open to breathe through the night. The nose commenced discharging a clear watery substance after rising in the morning. Constant aching pain at the root of the nose. The discharge from the nose is so profuse as to require the almost constant use of the handkerchief,⁹.

7^d. The discharge from the nose very profuse and watery. Severe aching at the root of the nose,⁹.

8^d. Aching at the root of the nose. The discharge whitish and becoming thick,⁹.

9^d. The discharge from the nose tough and yellowish,⁹.

R. R.—7^d. Stopping up of the nose. Watery discharge from the nose,⁹.

9^d. Catarrhal discharge from the nose. P.M. Less discharge from the nose,⁹.

10^d. Thin watery discharge from the nose,⁹.

11^d. The nose stopped up,⁹.

12^d. Some discharge from the nose. The nose still stopped up,^o.

14^d. Loss of smell.

5^d. After recommencing the taking of the drug, the nose dry,^o.

7^d. The nose dry,^o.

J. C. K.—4^d, 10.30 A.M. Slight catarrhal discharge from the nose,³⁰.

5^d, 9.20 A.M. Slight fluent coryza, with sneezing,¹⁵.

21^d. The nose stopped up this A.M.,^o.

36^d. Slight fluent coryza,^o.

45^d, 9.35 A.M. Discharge of a thick yellowish substance from the nose,^o.

50^d. Both nostrils are inflamed, and indurations have appeared in both,^o.

51^d, 11.30 A.M. The nostrils are quite tender when touched. 9.30 P.M. The nostrils not so painful,^o.

53^d, 9.30 P.M. The nostrils are not so painful, but are still indurated and sore,^o.

Z. T. M.—26^d, P.M. Smarting in the posterior nares,¹⁵.

39^d. Pain at the root of the nose. Stopped up on the right side and dry,¹⁵.

W. J. M.—12^d. The right side of the nose stopped or stuffed up, and blowing of a thick yellowish mucus from it,¹⁵.

J. H. B.—5^d. Frequent paroxysms of sneezing through the day, and fluent coryza in the evening.

O. R. S.—12^d. The nostrils dry, and some thickening of the lining membrane,^o.

14^d. On getting up in the morning the nasal cavities were stopped up, and from the left nostril a watery, non-irritating discharge continuing till 10 A.M., becoming much less after that hour,^o.

15^d. The nose obstructed almost completely on waking, but during the day it was about the same as yesterday in that respect. At times through the day, sneezing and considerable discharge from the nostrils, quite fluid from the left, and more gluey from the right nostril, with considerable chafing from the frequent use of the handkerchief,^o.

16^d. The nose discharging,^o.

17^d. The nose is discharging, and an odor perceived such as existed on having measles some years since.

18^d. Profuse discharge of a watery mucus from the nose,^o.

20^d. The nose discharging freely a watery substance. The nasal orifices a little chafed, and the nasal cavities very much obstructed in the morning on waking, but free through the day,^o.

22^d. On waking this morning the nasal cavities were stuffed up, and remained so till 9 A.M., when both nostrils commenced discharging freely,^o.

23^d. The nose entirely stopped up on waking. The fauces and pharynx dry, and a quantity of tough yellowish mucus occupying the posterior nares and upper part of the pharynx. Through the day a free discharge of yellowish mucus from both nasal cavities. The sense of smell has been defective since the nose began to show symptoms from the taking of the drug,^o.

24^d. The nose is still discharging about as yesterday,^o.

36^d. There is at times a watery mucous discharge from both nostrils; most free from the left,^o.

Reproving.

J. G. T.—11^d. Thickening of the nasal mucous membrane. Can inhale air, but finds it difficult to exhale. Considerable yellowish, rather consistent mucus drawn by inspiration and hawking from the posterior nares,^o.

12^d. Through the day considerable sneezing, and a free watery discharge from the nostrils, so far not irritating to the parts with which it comes in contact. The discharge from the posterior nares continues about as yesterday,^o.

13^d. But little discharge anteriorly through the nares, but the usual amount of hawking and clearing of the throat and posterior nares during the early part of the day, and a free watery discharge from the nasal cavities all afternoon and evening,^o.

14^d. Has been sneezing, and a watery or semimucous discharge rather copious all day (12.30 M.).

15^d. Sneezing brought on by an inspiration of cool air on moving about during the morning, accompanied by a free discharge of the same substance as yesterday. The sneezing was renewed every time he went into the cool air or took a fresh inspiration of cool air. The discharge was free till mid-

day, and since that time it has been gradually diminishing. The nasal cavities feel as if stuffed, but air can be drawn freely through the nose.

17^d. The sneezing and discharge from the nostrils has ceased. There has been none of it for two days. Can draw air freely through the nostrils, but there is a feeling in the posterior nares as if obstructed, preventing easy and clear articulation in speaking.^o

25^d. No discharge anteriorly from the nose for a number of days past.^o

R. R.—11^d. The nasal mucous membrane thickened, and the nasal passages somewhat obstructed. Some indications of exudation from the nasal mucous membrane setting in.^o

12^d. Slight discharge of mucus from both nasal cavities.^o

13^d. Moderate discharge of a tenacious whitish mucus from the nasal cavities.^o

24^d. There is still a little watery discharge from the nostrils.^o

Ears.

First Proving.

J. C. K.—37^d, 9.40 P.M. Annoyed by a rushing noise in the right ear, lasting from ten to fifteen minutes, and resembling the escaping of steam from an engine just starting, and synchronous with the pulsation of the temporal artery. Have been troubled with it before, but not lately.^o

Z. T. M.—7^d, P.M. Shooting pain over the right ear,³⁰.

Reproving.

J. G. T.—4^d. Dull of hearing at all times, but more so to-day.^o

5^d. Hearing about as usual.^o

12^d. Hearing about as usual.^o

Mouth.

First Proving.

J. C. K.—22^d. The teeth and gums tender. The tongue is coated with a whitish-yellow coating.

37^d. Small blister on the right side near the base of the tongue.^o

43^d, 9.30 A.M. Sour taste in the mouth.^o

51^d, 11.30 A.M. The corners of the mouth are indurated and painful, the right worst,⁹.

53^d, 9.30 P.M. The corners of the mouth still fissured, the right worst.

Z. T. M.—2^d, 9 A.M. One hour after taking ten drops of the medicine felt a very sensible constriction and burning in the lower part of the larynx, more markedly felt on the right side. Constrictive sensation in the throat below the larynx, all evening. Constrictive burning feeling in the œsophagus,³⁰.

3^d. The tongue slightly coated and a pasty taste in the mouth. Hawking up of a grayish, viscid, tenacious mucus, with rough feeling in the throat. Constricted choking feeling still in the throat. An ulcer in the mouth, very sore,³⁰.

5^d, P.M. Great constriction in the throat. Pyrosis felt below the thyroid cartilage,³⁰.

7^d, 9 P.M. Some constricted feeling in the throat,³⁰.

26^d, P.M. Roughness of the throat. A tenacious whitish mucus causes considerable hawking to free the throat,¹⁵.

27^d. Scraping and raw tickling sensation in the throat,¹⁵.

36^d. Moderate feeling of constriction in the region of the thyroid cartilage, as if pressed between the thumb and finger,³⁰.

W. J. M.—7^d. Ulceration, such as has heretofore occurred at the right commissure of the lips, from a cold, and continuing three or four days,³⁰.

12^d. Slight whitish coating on the tongue. The throat rough,¹⁵.

13^d. The tongue coated a yellowish-white, and a bitter taste in the mouth,¹⁵.

43^d, P.M. Dryness of the larynx; it feels as if inflamed. Great difficulty in detaching the mucus, which is very small in quantity and of a dirty slate-color,⁶.

49^d. The throat is rough and clogged up with much mucus, difficult to dislodge and of a dark slate-color,⁶.

50^d. Feel very weak at times; the mouth gets watery, and I think that I am going to vomit. Bitter taste in the mouth, with belching and sour eructations for two or three hours after eating. Entire absence of thirst,⁶.

J. H. B.—3^d. The tongue feels dry, as if burned. Liquids do not remove the sensation,³⁰.

O. R. S.—12^d. Disposition to hawk and draw from the posterior nares and throat a thick semi-solid whitish mucus,

continuing through the day, but most annoying on lying down to sleep,^o.

16^d. Hawking a great deal.

17^d. Sensation of dryness all day in the fauces and pharynx ; the parts look red and glassy. Have been thirsty till 10 A.M. all the past week,^o.

18^d. Clammy taste in the mouth. A whitish fur on the tongue, most dense near the base and on getting out of bed. Hawking worse in the open air,^o.

19^d. Thirsty on getting out of bed, the throat dry, and when dry the cough is most troublesome. The tonsils, uvula and soft part of the palate red, thickened, and sore looking, but give no special pain on swallowing,^o.

20^d. On waking this morning found the throat dry and a lot of stiff tenacious mucus lodged in the upper part of the pharynx, which on trying to dislodge caused gagging,^o.

21^d. The throat is a purple-red, rough, and pitted in places, and studded with little patches or points filled with mucus.

22^d. On waking in the the morning the fauces and pharynx were dry and the uvula swollen, but not feeling sore. He gags when the mucus (which is tenacious and difficult to dislodge from its position posterior to the soft palate) is brought down into the pharynx. During the day the throat has been dry and sore and empty ; deglutition painful. The tonsils, fauces and pharynx are a purplish-red so far as can be seen, and œdematous, and in places covered with a tough, whitish, viscid mucus,^o.

23^d. The throat is painful on empty deglutition all day, but there is no soreness on swallowing food or drink,^o.

24^d. On waking the throat was much better. Still frequent hawking and clearing of the throat. The œdema about the throat and fauces less.

36^d. There is still a disposition to hawk and clear the throat of the same tenacious mucus before noticed. The dryness of throat is now only occasionally felt. The soreness has become much less, but the fauces and uvula are œdematous and redder than natural.

Reproving.

J. G. T.—3^d. Very thirsty all day,^o.

4^d. The thirst continues,^o.

5^d. Considerable thirst, but not so much as during the previous two days,^o.

6^d. Less thirst,^o.

15^d. Hawking this morning, as for some days past, but less this afternoon,^o.

17^d. The hawking continues. The mucus hawked up is tougher, a little more yellow, and the hawking a great deal oftener,^o.

18^d. The hawking and clearing of the throat and posterior nares the same as when last noted. On looking into the throat the tonsils, the uvula, and as far as can be seen of the pharynx are thickened, irregular on the surface, swollen, and a purplish-red, with an abundance of a yellowish or yellowish-gray mucus. There has been no soreness felt on swallowing, but some trouble in modulating the voice. The most of the soft part of the palate is thickened, and presents to a degree the same appearance as the fauces. The color is deepest on the inner edge of the tonsils and uvula, and pales more the farther from that point till lost well up on the arch,^o.

20^d. The hawking has been very troublesome all day, but worst in the morning. The throat is not so dark and rough in its appearance, but feels about the same to the prover,^o.

23^d. The posterior nares and pharynx continue in the same condition as last described.

25^d. The dry stiff feeling in the fauces and pharynx on waking is still felt, and the hawking and clearing of the throat continues till 10 or 11 o'clock in the morning. A very tenacious, whitish-yellow mucus is brought away by hawking. The pillars of the fauces, the uvula and the surface of the pharynx, so far as can be seen, are still a little thickened and of a pale red color, and some mucus is seen in places adherent to the surface of the pharynx,^o.

29^d. The throat feels dry and stiff, and the hawking continues. It was formerly troublesome in the morning, but it is now troublesome all day. The fauces and soft part of the palate and the pharynx, so far as can be seen, are of a pale red color, and the vessels are full and the parts just named œdematous. The tongue is rather furry, but of natural color, and the appetite is as good as usual.

R. R.—4^d. No unusual taste, appetite good,^o.

11^d. The throat somewhat red. The color deepest within the fauces, less on the soft palate and entirely lost on the arch. The parts within the pharynx, so far as can be seen, are redder

than natural, but not complained of as being sore on swallowing,⁰.

12^d. The throat a purplish-red and looks as if raw, but no soreness felt on swallowing. The pharynx is still somewhat dry. Disposition to hawk frequently and clear the throat of a tenacious, starchy-looking mucus,⁰.

13^d. There is still a disposition to hawk and clear the throat. The pharynx and pillars of the fauces are red and their structures thickened and angry-looking, but not sore on swallowing,⁰.

Tongue.

First Proving.

O. R. S.—10^d. The tongue large, moist and fissured,⁰.

12^d. The tongue flabby and fissured,⁰.

14^d. The tongue large, soft and deeply fissured,⁰.

43^d. The tongue furred, whitish, more on the back part,⁰.

Z. T. M.—2^d, A.M. The tongue slightly coated grayish-white,³⁰.

39^d. The tongue slightly coated white, with a rough feeling,¹⁵.

40^d. Insipid taste and the tongue coated with a grayish-white mucus,¹⁵.

Reproving.

O. R. S.—4^d. A light whitish fur on the tongue,⁰.

8^d. The tongue a deep red, considerably corrugated and somewhat furred. Had considerable thirst last night,⁰.

9^d. The tongue not so red, still somewhat corrugated, and the papillæ standing up plainly on the posterior part,⁰.

11^d. On waking, the tongue was moderately furred, but no very unpleasant taste in the mouth,⁰.

14^d. On waking, the tongue was somewhat furred back and the papillæ on the posterior part prominent and large and the anterior part fissured. Great thirst, the water tasting natural and refreshing,⁰.

19^d. The tongue cracked, red and uneven, and slightly furred,⁰.

J. G. T.—4^d. The tongue is coated with a thin yellowish-white fur,⁰.

5^d. The tongue about as yesterday,⁰.

8^d. The tongue nearly natural in color and but slightly furred,^o.

10^d. The tongue is slightly coated, but of rather natural color,^o.

12^d. The tongue rather cleaner,^o.

13^d. The tongue about as yesterday,^o.

14^d. The tongue is rather whitish and downy, with a slightly metallic taste after taking a drink of water,^o.

15^d. The tongue slightly furred, as it has been for several days,^o.

16^d. The tongue is still slightly furred,^o.

18^d. Moderately heavy whitish coat uniformly spread over the tongue on getting up this morning,^o.

R. R.—2^d. The tongue clean,^o.

4^d. Thin, whitish fur over the middle of the tongue from tip to base, leaving a small, well-defined space on each side clear and of natural color,^o.

7^d. The tongue a little corrugated and the posterior part of it covered with a whitish-yellow coating, becoming lighter the nearer the tip,^o.

8^d. The tongue slightly furred, supposed to be influenced to some extent by the use of tobacco,^o.

13^d. Thin whitish coating over the greater part of the surface of the tongue, the edges and tip being free,^o.

Eyes.

First Proving.

J. G. T.—2^d. The conjunctiva congested on waking in the morning. The eyes feel sore on pressure,^o.

3^d. The conjunctiva of a uniform redness. Soreness and aching of the eyes on moving them. They are much congested,^o.

4^d. The eyes congested,^o.

5^d. Congested conjunctiva,^o.

6^d. The eyes very much congested.

7^d. The eyes congested. Looking at anything causes them to ache,^o.

R. R.—3^d. The eyes feel swollen in the morning. The conjunctival vessels congested,^o.

4^d. The eyes and orbital region much swollen and agglu-

minated on waking in the morning, and sensitive to light. The conjunctiva slightly congested,^o.

5^d. The eyes much congested and the whole orbital region very much swollen,^o.

8^d. The eyes have the same appearance as before noted.

9^d. The eyes congested and swollen. Not so much congested in the evening,^o.

10^d. The eyes but slightly congested,^o.

O. R. S.—8^d. The eyes feel swollen,^o.

11^d. The eyes swollen (orbital region),^o.

12^d. The eyes swollen,^o.

14^d. The eyes still much swollen,^o.

5^d. After recommencing the taking of the drug, the eyes swollen and the conjunctiva congested. The external part of the left eye more congested than the right. The eyeballs sore when closing the lids and when pressing the ball. The conjunctiva of the right eye also congested,^o.

6^d. The eyes swollen. The left one much congested, red and sore; continual scratching beneath the lids on rolling the ball. The light aggravates the soreness,^o.

7^d. The eyes inflamed and swollen. The left worse than the right,^o.

11^d. The eyes painfully affected, swollen, red and watery. The left worse than the right,^o. Continual scratching in the left eye, as if sand was under the outer part of the upper lid,^o.

J. C. K.—3^d. Inner canthi sore and red. Objects lose all distinctness and become blurred. 11.55 A.M., dimness of vision on rising from a seat,³⁰.

21^d. The eyes feel tired and painful, especially in the sunlight. The vessels of the conjunctiva somewhat congested, especially on rising this morning. (There are no vessels visible usually in my eyes),^o.

22^d. The eyes swollen and painful, sensitive to light and the conjunctiva congested,^o.

23^d. The eyes sore. Cannot read or write without pain in them,^o.

25^d. The eyes have felt tired all day, and painful when reading or writing. The vessels of the conjunctiva congested,^o.

38^d. On rising the eyes feel sore and the vessels of the con-

junctiva slightly congested. On going into the open air tears flowed freely, but this gradually wore off,⁹.

42^d, 9.30 A.M. The eyes feel full and sore and slightly congested,⁹.

43^d, 9.30 A.M. The eyes are swollen and painful, and the conjunctiva congested. Worse immediately after rising. 8.50 P.M. 'The eyes feel better,'⁹.

45^d, 7.05 P.M. The eyes have been sore all day, especially when reading. They have been swollen and congested,⁹.

46^d, 9.35 A.M. The eyes slightly swollen and congested. Feel sore and water profusely when reading,⁹.

48^d, 12.10 P.M. The eyes feel worse than usual. Have a good deal of photophobia. The eyeballs feel sore and tender. The eyes are quite painful. Pressure on the ball does not produce pain direct, but when the pressure is removed the pain becomes severe. The conjunctiva but slightly congested and the orbital region but moderately swollen. The want of sleep last night has possibly made the eyes feel worse. 8.10 P.M. The eyes somewhat painful when reading or writing,⁹.

49^d, 8.55 A.M. The eyes are unusually painful and sore and greatly congested. Tears are secreted freely. Cannot read or write with any comfort. They are better by ten o'clock. They are worse just after rising, but improve during the day,⁹.

50^d. The eyes are painful for about two hours after rising, and at times through the day when reading and writing, or when exposed to bright sunlight,⁹.

51^d. The eyes are a little sore this morning, and the conjunctiva is slightly congested and jaundiced,⁹.

Z. T. M.—2^d, A.M. Heaviness of the eyes, especially the right. The lids agglutinated. The pupils somewhat distended. The eyelids burn and feel as if swollen, particularly of the right eye and outer canthus worst. The lower lid of the right eye feels swollen and itchy, as if a sty would make its appearance. The inner canthus itches and feels pasty. Burning of the eyelids,³⁰.

3^d. The eyes feel inflamed and swollen, with an accumulation of pasty matter in the canthus and on the lashes,³⁰.

27^d. Stiffness of the eyeballs and lids,¹⁵.

38^d. Woke with the eyes somewhat swollen and agglutinated. The eyeballs seem large when closing the lids over them,¹⁵.

39^d. The eyes heavy and the balls sore and smarting. The

supraorbital region very much swollen and the pupils a little dilated,¹⁵.

40^d. The orbital region much swollen and the eyes very watery for some time after waking in the morning,¹⁵.

41^d, 8 A.M. The eyes puffy, dim, and flickering before them when closed,¹⁵.

W. J. M.—40^d. After two hours reading an aching pain deep in the eyeballs, which was aggravated by opening the eyes widely, and relieved by closing and resting them for a time.

41^d. Dull aching pain in the eyes aggravated by sunlight,⁶.

48^d. The eyes very painful to pressure, and the pain aggravated by light.

50^d. The eyes feel very painful, look swollen and bunged up.

M. J. C.—15^d. The eyes feel as if smoke were in the room. The edges of the eyelids itch and burn.

J. C. B.—4^d. The eyes burn and lachrymate slightly. The vessels of the conjunctiva injected and vision indistinct. Frequent wiping of the eyes for relief,³⁰.

5^d. The eyes still injected,³⁰.

6^d. The eye symptoms less in degree.

11^d. The eyes painful in the morning and the vessels injected, and concentrated effort necessary for distinct vision,³.

12^d. Vision poor for long distances.

15^d. The vision remained poor for a considerable time, and was the most lasting symptom,³.

O. R. S.—4^d. Slight œdema of the orbital region, more marked in the right than the left. The sclerotica slightly congested,⁰.

7^d. The eyes are sticky and sore. Has not taken the drug for two days,⁰.

8^d. The eyes red, irritable, and the orbital region somewhat swollen,⁰.

9^d. The eyes feel as if he had lost his sleep. The conjunctival vessels moderately congested,⁰.

12^d. The eyes feel puffy. The palpebral lining membrane thickened and quite red, and as the eyes are rolled from side to side or up and down, the lining membrane gathers in rolls between the balls and lids, the left eye appearing the worst,⁰.

14^d. The eyes more puffy and congested, and the balls sore to touch or if pressed upon. At 1 P.M. noticed the pupil of the left eye to be much larger than that of the other (from two to three diameters), there seeming to be but little difference between the eyes in the prover to discern objects, but on noticing closely an object looked at has a misty appearance to both eyes. The distension of the pupil passed off while walking, and did not return for the day,^o.

15^d. The orbital region is not so much swollen as yesterday, and the eyes were slightly agglutinated on waking,^o.

16^d. Dull aching across the orbits,^o.

17^d. At 5 P.M. noticed that the pupil of the left eye was very much enlarged, which to some extent is the case now (11.30 P.M.),^o.

18^d. The eyes feel sticky, and a little gum is seen in the external canthus. The orbital region is somewhat swollen, and the vessels of the conjunctiva are turgid,^o.

19^d. The eyes feel rather sorer and the light pains them. Some dilatation of the pupil of the left eye,^o.

20^d. The vessels on the inner surface of the lid quite full, and the vessels of the globe less turgid. The soreness nearly gone,^o.

22^d. The eyes slightly congested, but not swollen or sore,^o.

24^d. The eyes a little red, but not swollen, and the sight much clearer.

36^d. The eyes a little red and watery, but feel almost well. Reading by lamp or gaslight cannot be endured, however, for any considerable time without giving discomfort.

Reproving.

J. G. T.—4^d. The eyes are a little irritable, and the vessels of the conjunctiva are fuller than usual, and the white portion of the eye has a perceptibly yellowish tinge. Slight œdema of the orbital region, worse on the right side,^o.

5^d. The eyes feel sorer, the vessels are fuller, and they burn as if they had been all day irritated by wood smoke,^o.

6^d. The eyes smart as if they had been smoked. Some œdema of the orbital region,^o.

7^d. Œdema of the infraorbital region. The conjunctival vessels congested. The eyes smart and there is moderate lachrymation on going into the open air. It is difficult keeping the eyelids from closing,^o.

8^d. The eyes feel heavy and the aching through the brow and orbits continues. The eyeballs feel sore on moving or rolling them, and the smarting of the eyes continues,^o.

9^d. Took but one dose of the medicine to-day. The eyes present the same condition and appearance as yesterday, only that the aching in the supraorbital region is rather worse and extends farther up the forehead, and is most intense immediately above the orbits. The eyelids are disposed to close down, and there is an inability to open the eyes as wide as usual. The eye symptoms are worse in the open air,^o.

10^d. The eyes feel about the same. The palpebral vessels are more congested, and the conjunctiva on the inner surface of the lids and on the balls is disposed to gather into folds as the eyes are rolled back and forth,^o.

12^d. The eyes smart and are red and look quite sore, and lachrymate on going into the open air,^o.

13^d. The eyes are looking better. The vessels are not so full and the sclerotica not so œdematous,^o.

14^d. The orbital region very much swollen on waking, and the eyes red, with a yellowish tinge of the white portion. They smart and feel disagreeable when exposed to the open air, and on looking long at an object the sight becomes dim and the eyes ache for a time and require resting,^o.

15^d. The orbital region swollen on waking in the morning, and the eyes feel weak and lachrymate on looking steadily at an object. The vessels of the ball and inner side of the lids are full, causing a feeling on moving the ball as of something granular between them,^o.

16^d. The orbital region swollen, and the vessels of the conjunctiva congested,^o.

17^d. The condition of the eyes the same as yesterday,^o.

18^d. The orbital region swollen on waking, but the swelling passed off in about an hour after rising from the bed, leaving a slightly puffy appearance,^o.

20^d. The eyes smart and lachrymate very much in the open air, and are congested. The inner surface of the lower lid is distinctly granular in appearance.

21^d. The condition of the eyes the same as before stated.

23^d. The eyes sore and swollen in the morning on waking, the swelling passing off in an hour or so after rising.

24^d. Severe pain in the supraorbital region and temples on waking. Severe till 4 or 5 P.M., then passing into the orbit posterior to and in the ball of the eye, with considerable photo-

phobia. The pain much severer in the orbits than any other place, compelling him to lie down. Never had this kind of pain before, except when taking this drug on a former occasion. The whole orbital region very much swollen, and the vessels of the ball and lids both largely congested. The severe pain began to diminish about 7 P.M., and by bedtime had almost passed away, leaving a dull supraorbital pain,^o.

25^d. The eyeballs remain sore on pressure all day, and also on looking steadily at an object they ache,^o.

29^d. The eyes are sore, and smart and lachrymate on going into the open air, and the orbital region is some swollen in the mornings. The vessels of the ball and lids perceptibly congested, and the sight very much weakened from the condition of health,^o.

R. R.—7^d. Slight swelling of the orbital region and moderate congestion of the vessels of the white portion of the eyes, but no disagreeable sensation in the eyes.

8^d. The eyelids swollen, more noticeable in the lower lids. Slight photophobia. Lachrymation in the open air, worse in the morning.

10^d. The orbital region swollen and the eyes congested, especially so in the morning. The open air affects them and causes slight lachrymation,^o.

11^d. On waking this morning the whole orbital region swollen and the vessels of the eyes congested. The orbital swelling passed off gradually through the day,^o.

12^d. A little whitish gum was seen in the external canthus this morning. The eyes felt disagreeable and were caused to lachrymate on going into the open air,^o.

13^d. The symptoms of the eyes the same as yesterday,^o.

24^d. The eyes are slightly gummed in the mornings, and there is a feeling as of thickening of the structures within the lids, the right eye feeling the worst. They smart and feel badly on reading for a time; the vessels are still somewhat congested.

Face.

First Proving.

J. G. T.—3^d. The face flushed and hot,^o.

5^d. The face feels puffed up and hot. Heavy aching pain in the ethmoid bone,^o.

7^d. The malar bones feel large, as if swollen. The muscles of mastication feel stiff and motion of the jaw is painful,^o.

R. R.—3^d. A fine red rash on the face and neck, most on the right side,^o.

4^d. The face feels hot, with a dull feeling in the forehead,^o.

9^d. The face not so much congested.

O. R. S.—8^d. The face a little flushed. Took none of the drug for twenty days, and on the seventh day after recommencing it the face is again flushed,^o.

J. C. K.—23^d. The face and neck are covered with a fine miliary eruption, with here and there a pustule or large reddish pimple,^o.

Z. T. M.—2^d, A.M. An ulcerating sore existing for several days before taking the drug near the right mental foramen is quite painful,³⁰.

J. S. C.—9^d. Pain over the right eye,³⁰.

Reproving.

J. G. T.—4^d. Some reddish irregularly shaped spots over the nose are becoming irritable and tender. This appearance of the nose had not passed away from the time of the taking of the drug before, twenty-two days since.

5^d. The right side of the nose and over the bridge a little red. The large pimple on the side of the nose not so sore and a little indurated,^o.

7^d. A bright red rash, blotchy and irregular in shape, without any prominence, appeared about 10 A.M. over the forehead, and in an hour extended over the balance of the face,^o.

R. R.—12^d. On waking this A.M. the entire face swollen. The orbital region more swollen than any other part of the face,^o.

24^d. The bloating of the face seen while taking the drug, is gone,^o.

Abdomen.

First Proving.

J. G. T.—3^d. Through the morning had occasional pains through the umbilical region, with frequent passages of flatulence,^o.

4^d. Occasional pains through the bowels, with discharges of flatulence,^o.

7^d. Occasional pains through the abdomen,^o.

R. R.—3^d. Dull pain in the umbilical and hypogastric regions, with frequent discharges of flatulence,^o.

8^d. Dull pains in the hypogastric and umbilical regions, with discharges of much flatus,^o.

O. R. S.—8^d. Pains in the abdomen, with urging to stool,^o.

12^d. Pains through the bowels,^o.

14^d. The pain in the abdomen seems to be caused by gas, as much of it is passed at stool. Was waked at 3 A.M. by sharp cutting pains in the abdomen, relieved by passing off flatus,^o.

15^d. Slight pains in the abdomen; made him sick. Nausea, pain, and urging to stool,^o.

3^d. After commencing to take the drug again in large doses slight pain in the bowels,^o.

J. C. K.—2^d. Uncomfortable feeling in the abdomen,³⁰.

3^d. The abdomen painful and swollen; the passage of gas afforded some relief, but straining, pressure or walking produced sharp pain,³⁰.

4^d, 12.05 M. Severe pain under the ensiform cartilage. 4.40 P.M. Dull pain and overdistension in the umbilical and hypogastric regions,³⁰.

5^d, 11.20 A.M. Painful feeling of distension of the abdomen from gas, which passed off,³⁰.

11^d, 5.10 P.M. Severe pain in the bowels, which are very much distended. Relieved by small stool and the passing of a large quantity of gas and some urine.

22^d. Some rumbling and pain in the abdomen,^o.

40^d, 11.55 A.M. Pain in the hypogastric and umbilical regions from overdistension, produced by great accumulation of gas, a quantity of which was discharged an hour since,^o.

42^d, 9 P.M. Some pain in the umbilical region from distension with gas,^o.

45^d, 11.45 P.M. Have a gnawing pain in the lower part of the rectum, as if worms were boring in it.

Z. T. M.—2^d, A.M. Rumbling in the bowels, as if diarrhoea would come on; occasional pain in the hypogastric region,³⁰.

3^d. Slight colicky pain in the abdomen,³⁰.

39^d, P.M. Pain in the lower part of the abdomen, as if from a colic coming on. Shooting pain from the short ribs down across the left hypochondriac region,¹⁵.

40^d. Sharp shooting pain in the left hypochondriac region just before stool. The stool is natural, but twice in the day, which is unusual,¹⁵.

W. J. M.—2^d, P.M. Slight colic and burning in the abdomen, relieved by a loose stool,³⁰.

7^d, 10 A.M. Pinching burning pains in the abdomen,³⁰.

12^d. Feel sore about the back and abdomen; dull pain in the bowels,¹⁵.

13^d. A little soreness and some pinching in the abdomen,¹⁵.

40^d, 4 P.M. Dull pain in the bowels, relieved by a stool of a diarrhœic character,⁶.

41^d. A dull pain this A.M. in the umbilical region, which disappeared after a free discharge of gas,⁶.

51^d. Occasional griping pains in the abdomen,⁶.

J. S. C.—4^d, 10.30 P.M. Some cramplike pains in the abdomen,³⁰.

5^d. Was wakened at 6 A.M. by pain in the abdomen, followed by a copious lumpy stool, which came suddenly,³⁰.

26^d. Dull pain across the upper part of the abdomen in the region of the transverse colon, caused by flatus,³⁰.

M. J. C.—2^d, 1.30 A.M. Wakened with cutting pain in the hypogastric region, soon followed by a large stool,³⁰.

3^d. Occasional stitches in the spleen,³⁰.

Reproving.

O. R. S.—11^d. Crampy pains of short duration through the small intestines several times through the day. Moderate pain through the bowels previous to each stool and entirely relieved by the evacuation,⁰.

12^d. Tender, on pressure, in the epigastrium and through the abdomen,⁰.

19^d. Feeling of repletion. The bowels feel full and compel the opening of the pants and drawers for relief. Had a fine shooting pain from the left groin up across the navel to the cartilages of the ribs on the right side, lasting about a half minute and occurring but once. Slight pain through the abdomen, passing off by the escape of flatus,⁰.

20^d. Slight fulness in the abdomen and a little tenderness in the epigastrium. Pressure suddenly made over the abdomen has for some time past caused pain to start through the abdomen and continue till gas is passed off from the bowels,⁰.

22^d. Deep pressure still starts some pain through the abdomen. Slight tenderness on pressure in the epigastric region,^o.

24^d. Slight tenderness still, on deep pressure, in the epigastric and umbilical regions. Pressure over the abdomen still starts the gas, but not the rumbling or pain noticed some time before,^o.

J. G. T.—8^d. Tenderness in the entire epigastric region most marked immediately below the ensiform,^o.

9^d. Tenderness in the epigastric region the same as yesterday. Borborygmus in the left side of the abdomen, between the cartilages of the ribs and the anterior part of the crest of the ilium, felt frequently and accompanied by sharp pain,^o.

12^d. Tender, on pressure, in the epigastric region for some days past,^o.

18^d. Considerable pain through the abdomen during most of the morning, accompanied by relaxation of the bowels. The returns of pain in the abdomen farther apart and less severe each time till 1 P.M.,^o.

25^d. Quite tender, on pressure, in the epigastric region in the morning; less so this P.M., but still distinctly felt on pressing the part,^o.

R. R.—4^d. Quite a tender feeling in the epigastric region felt all the time, but worse on pressing over the part,^o.

6^d. Feel quite well, but soreness on pressing over the epigastrium, extending to the upper part of the ensiform,^o.

7^d. Tender to the touch in the epigastric region,^o.

8^d. Tender to the touch in the epigastric region,^o.

11^d. Moderately tender in the epigastric region on pressure,^o.

13^d. Dull shifting pains through the abdomen felt at times through the day, commencing on getting out of bed in the morning,^o.

Stomach.

First Proving.

J. G. T.—2^d, 5 P.M. Feeling of nausea; vomited a large quantity of sour water. As long as he laid quiet he felt better. The odor of food was pleasant to him, but on attempting to eat, the first bite caused vomiting of very sour fluid,^o.

R. R.—Appetite and digestion good; no unusual thirst,^o.
9^d. Could eat but little breakfast,^o.

14^d. Since the medicine was left off some days since, the appetite is not so good and some tenderness is felt in the epigastric region,^o.

O. R. S.—12^d. The appetite is poor,^o.

15^d. Empty retching; felt very sick; could eat no breakfast; had some appetite for supper,^o.

7^d. After recommencing the taking of the drug, feel badly. Have a qualmish, sickish feeling all the time. The appetite is good, however,^o.

J. C. K.—2^d. Tight feeling in the stomach,³⁰.

9^d, 9.45 A.M. Uncomfortable feeling of fulness and pain in the stomach,¹⁵.

21^d. Can feel the stomach; the appetite is decreasing; qualmishness, alternating with pain, in the stomach and bowels,^o.

22^d. The stomach feels qualmish, am thirsty, and have a poor appetite. Felt sick after eating dinner as after eating breakfast, with qualmishness of stomach. Went and took a glass of water from a soda fountain without the syrup and was relieved immediately,^o.

23^d. Ate nothing for breakfast except a few peaches, and the stomach causes no inconvenience,^o.

26^d. Ate no breakfast, and at 11.30 A.M. had a darting, sticking pain in the great cul-de-sac, lasting till dinner (12.30 M.),^o.

41^d. Appetite very good,^o.

42^d, 1.40 P.M. Sick at the stomach without nausea. 9.45 P.M. the sickness of stomach continues. The nausea is not sufficient to cause vomiting.

43^d, 8.50 P.M. Thirsty all day. Wanted water often, but little at a time. The stomach feels better,^o.

45^d, 7.05 P.M. Am losing my appetite; have eaten but little for four days past. Have eaten less each day. Can feel my stomach all the time, especially after eating. It is a sickening feeling, but is not nausea. I have not the usual relish for tobacco,^o.

46^d, 9.35 A.M. The stomach gives me an immense amount of unpleasantness. I feel it all the time. I am very thirsty; have a bitter taste in the mouth, and a slightly yellowish coating on the tongue; am very thirsty, and somewhat hungry, but feel worse after eating or drinking,^o.

47^d. Felt perfectly well till after I ate my breakfast, when the pain in my stomach returned as before. After eating dinner I felt quite sick at stomach as before; took a glass of soda water without the syrup, and was relieved immediately. (The water contains carbonic acid, generated by adding sulphuric acid to bicarbonate of soda.) 8.05 P.M. The stomach symptoms have not returned since drinking the soda water,⁰.

53^d. The appetite has improved rapidly the past few days, with a tendency to eat more than is proper,⁰.

58^d. During the last few days my appetite has increased wonderfully. Eat too much almost every day; cannot help it. I still seem to digest all that is eaten,⁰.

Z. T. M.—26^d. Appetite good,¹⁵.

39^d. Suppered principally on fruit. During the night some nausea, followed by chills on the back,¹⁵.

40^d. No appetite for anything but juicy food or fruits,¹⁵.

41^d, 8 A.M. Slight nausea at the stomach all the time,¹⁵.

W. J. M.—2^d. Nausea, almost resulting in emesis, after taking a drink of cold water,³⁰.

11^d. The epigastric region sore on pressure,¹⁵.

12^d. The appetite greatly increased and digestion good,¹⁵.

13^d. No appetite for breakfast, but ate some, which became acid in the stomach, producing very disagreeable eructations. I am not subject to turns of acidity of stomach. Do not recollect of ever having such a turn before,¹⁵.

41^d. Hungry at 11 A.M.,⁶.

49^d. Went to bed again sick at the stomach. Have no desire for food,⁶.

50^d. Entire loss of appetite; thirst; became very sick, and felt like vomiting, but did not. The nausea passed off with a flash of heat and a feeling of moisture on the skin, which before was very dry. Have eaten nothing for sixteen hours. At noon had no appetite, but took some food and a cup of coffee, which seemed to relieve my head for a time. Had a desire for pickles at supper, which I rarely eat. It gave me a relish for bread and butter, of which I ate freely, and by 8 P.M. felt much better,⁶.

51^d. Ate a moderate dinner, which seemed to lay heavily on the stomach,⁶.

M. J. C.—2^d, 1.30 A.M. Cramp in the stomach and chest. Nausea, but no vomiting,³⁰.

6^d, 7.30 A.M. Slight cramp in the stomach and nausea all the forenoon,³⁰.

7^d, 9 A.M. Nausea soon after taking the medicine, lasting all day; would like to vomit, but cannot,¹².

J. H. B.—12^d. The stomach is sour, the food does not digest,³.

15^d. The digestive powers remain weakened,³.

Reproving.

O. R. S.—11^d. The appetite is not good; could eat, but had no relish for the food,⁰.

12^d. Had an appetite for breakfast.

14^d. No appetite for either breakfast or dinner, but ate some supper. Had a sickish feeling, aggravated by eating ever so little, causing him almost to vomit; a tasteless fluid rising in the mouth as before vomiting. The feeling was removed by rising from a recumbent posture, or by getting up from a seat,⁰.

15^d. No appetite. Tender in the epigastrium on pressure. The same sickish feeling as yesterday; no appetite for breakfast or dinner, but felt hungry for supper,⁰.

20^d. The appetite is good,⁰.

24^d. The appetite is good, but a feeling of fulness in the stomach and bowels after moderate eating,⁰.

36^d. The appetite is good.

J. G. T.—3^d. About ten minutes after taking the medicine a feeling of distress, commencing in the epigastrium, and in a few minutes extending through the entire abdomen. The pain was not severe enough to prevent sleep, but was felt on stirring about the room,⁰.

11^d. A feeling in the epigastric region as if some irritating or burning substance had been taken into the stomach,⁰.

12^d. The appetite as usual,⁰.

15^d. The appetite about as usual,⁰.

16^d. The appetite as good as usual,⁰.

29^d. The appetite as good as usual, but he has lost five pounds in weight (his usual weight is one hundred and thirty-eight pounds),⁰.

R. R.—The appetite has increased,⁰.

7^d. The appetite is good,⁰.

8^d. The appetite is good,⁰.

24^d. The appetite is not nearly so good as when taking the drug,^o.

28^d. The stomach is disposed to ache every time cold water is taken,^o.

Stool.

First Proving.

R. R.—All bowel symptoms worse during the day. Frequent stools of a muco-purulent character, with much flatulence and tenesmus during the stool. The stools are preceded by dull pain in the umbilical region,^o.

O. R. S.—3^d. Slight pain through the bowels, with some urging to stool. Have had three soft, dark-colored stools, followed by slight burning at the anus,^o.

8^d. Had three thin, dark-colored stools. The burning at the anus more marked than before. The passages are preceded by pain, with relief after,^o.

9^d. The same symptoms as yesterday,^o.

12^d. The stools are lumpy,^o.

13^d. One stool, almost black,^o.

14^d. Pain and irresistible desire for stool, the discharge being large and soft; afterward one small, thin, dark, and slimy stool,^o.

15^d. Stool dark, large, and lumpy. One hour afterward felt weak and nervous, the hands trembled, then a scanty stool, with burning after it,^o.

7^d. After recommencing the taking of the drug little or no pain in the bowels, some flatulence, but the discharges regular and natural,^o.

J. C. K.—2^d, 2.15 P.M. Small, firm stool and much gas. 3.30 P.M. Small, firm stool,³⁰.

3^d, 12.20 M. Large, firm stool, and a large amount of gas, with much relief to the abdomen. 9.40 P.M. Small, firm stool,³⁰.

4^d, 5.10 P.M. Small, firm stool,³⁰.

9^d, 10.50 A.M. Small stool and much gas, relieving the pain and feeling in the abdomen. 11.55 P.M. Small, firm stool,¹⁵.

22^d. Desire to evacuate the bowels, with inability to do so by straining.

Z. T. M.—2^d. Colicky pains preceding natural stool. The

pain relieved by passing off flatus. Tearing pain at the anus on passing fæces,³⁰.

5^d. An excoriated condition of the anus, very painful at stool,³⁰.

36^d. The bowels moved twice per day, the discharges being natural (once per day being the usual habit).

40^d, 11 A.M. Copious papescent stool,¹⁵.

W. J. M.—7^d, 10 A.M., Desire for stool, which is unusual with me, as I always evacuate the bowels before retiring for the night. The stool is of a laxative character, with some griping and burning at the anus, but without flatulence. The bowels were relieved by the evacuation,³⁰.

11^d. Discharge of an unusual amount of offensive flatus,¹⁵.

14^d. The stools have been mush-like, and readily voided,¹⁵.

40^d, 10.30 P.M. Had a painless diarrrhœic discharge from the bowels,⁶.

49^d, 10.20 A.M. A diarrrhœic stool, with considerable tenesmus; the stool very thin and expelled with force. The evacuation relieved a pain felt in the bowels,⁶.

50^d, 4 P.M. A diarrrhœic stool, with a great deal of flatus and slight tenesmus,⁶.

J. S. C.—5^d, 6 A.M. Was awakened by pain in the abdomen, and soon after had a copious lumpy stool, which came on so suddenly as to hurry me out of bed. At 8, and also at 11 A.M., had loose lumpy stools, with some wind,³⁰.

M. J. C.—2^d, 1.30 A.M. Large stool, preceded by cutting pain in the hypogastric region. In about ten minutes another stool, also preceded by cutting pain. 8 A.M. A yellowish watery stool. Was disposed to be constipated when I began to take the medicine. That condition has been corrected,³⁰.

J. H. B.—9^d. Slight burning in the region of the anus, with constant feeling of a necessity to go to stool without passing anything, the feeling lasting all the evening,³⁰.

10^d. No stool yesterday, but a soft stool this A.M., followed with slight burning at the anus,³⁰.

11^d. The symptoms the same, but less in degree,³⁰.

O. R. S.—4^d. One light, painless stool, at 7.30 A.M.,⁹.

9^d, 8 A.M. Loose motion from the bowels,⁹.

10^d. Two discharges from the bowels. The first part of

each natural, the latter part laxative and pungent. Had a disposition to go to stool at two other times, which passed away when flatus was allowed to escape from the bowels. The escape of gas has nearly always been preceded by more or less pain through the small intestines,^o.

11^d. The bowels moved at 7.30 P.M., and again at 6 P.M. The first part of the morning stool was consistent, but the latter part quite soft. The evening stool was thin and lumpy,^o.

12^d, 6 A.M. Had a large liquid stool, preceded by pain, and a little pungent,^o.

14^d. The bowels moved once, with slight pain through the abdomen previous to the discharge. The stool was small, pasty and light brown, with a slight burning in the bowel after stool. Had occasion frequently to go to stool, when the passing off of gas or urine relieved the sensation, and no stool came,^o.

15^d. The bowels moved at 8 A.M., the stool pasty, dark, and small. Stool again at 10 A.M. of the same character, but small also,^o.

16^d. The bowels moved once. The stool soft, pasty, and dark,^o.

17^d. After breakfast the bowels were moved once. The stool was of moderate size, yellowish, and sticky,^o.

19^d. The bowels were moved once, and the stool the same as yesterday,^o.

21^d. The bowels moved at 9 A.M. The stool scant, and the same in appearance as the day before yesterday,^o.

22^d. The bowels were moved this A.M. The stool was almost natural,^o.

23^d. One natural stool,^o.

24^d. The bowels were naturally moved this morning,^o.

36^d. The bowels regular,^o.

Reproving.

J. G. T.—5^d. No movement of the bowels since yesterday morning (now 8.45 P.M.),^o.

6^d. No stool and no gas passed off,^o.

7^d, 10 A.M. Stool perfectly natural,^o.

8^d. The bowels were not moved,^o.

9^d. The bowels were moved twice. The stools were natural,^o.

11^d. The bowels rather looser than usual. Two stools between 6 and 8.30 this A.M.,^o.

12^d. The bowels were not moved in the past twenty-four hours,^o.

13^d. The bowels were not moved,^o.

15^d. The bowels moved once, the discharge being natural in color and consistence,^o.

16^d. The bowels not moved,^o.

17^d. One small discharge from the bowels of natural color and consistence,^o.

18^d. The bowels moved three times between 5.30 and 7.30 A.M., the discharges moderately dark and accompanied with considerable flatulence,^o.

19^d. No pain in the bowels to-day, nor have they been moved,^o.

21^d. The bowels not moved,^o.

22^d. The bowels were moved three times before 9 A.M. The stools were small and laxative, but of natural color,^o.

24^d. The bowels were not moved,^o.

25^d. The bowels not moved,^o.

29^d. The bowels are moved about every alternate day. The motions are small but of natural color and consistence,^o.

R. R.—4^d. Has had one natural stool to-day,^o.

7^d. One natural motion of the bowels,^o.

8^d. The bowels are right,^o.

10^d. Natural stool in the morning at the usual time,^o.

13^d. One copious, brownish, painless, laxative stool at 9 A.M., accompanied with a great deal of flatulence,^o.

24^d. The bowels are regular,^o.

Genito-urinary Organs.

First Proving.

R. R.—6^d, P.M. More disposed to urinate than was his habit,^o.

J. C. K.—2^d. The urine a light yellow, cloudy, and a precipitate seen after standing two hours; reaction acid; sp. gr. 10.29. Heat precipitates a dense white granular substance which dissolves when mixed with or when nitric acid is used, leaving the urine clear and of a reddish-brown color. A few epithelial scales, a cast, some fat-globules and some phosphates seen under the microscope. 9.40 P.M. The urine opaque, but of natural and strong odor, acid reaction and sp. gr. 10.30. No albumen, but large quantity of phosphates,³⁰.

4^d, 5.10 P.M. The urine a dark straw color, of mild odor, reaction acid, sp. gr. 10.30, phosphates in abundance,³⁰.

21^d, 7.50 P.M. The urine has an acid reaction and sp. gr. 10.29; deposits of phosphates on standing,¹⁵.

22^d. Have a dull dragging pain in the perinæum and lower part of scrotum.

40^d. Have been urinating much more freely and copiously since taking the remedy,⁰.

41^d. Am not urinating more than the natural quantity to-day.

Z. T. M.—2^d. Compelled to get up to urinate; the quantity in excess of what is usual, but of natural color,³⁰.

3^d. Roused from sleep with an urgent desire to urinate. Pain in the region of the right kidney, worse on walking,³⁰.

26^d. The urine is of a little darker color than usual,¹⁵.

36^d. The urine is a little darker than usual and passed in greater quantities and with urgent desire to pass it,¹⁵.

39^d. Burning when the urine begins to flow,¹⁵.

W. J. M.—10^d. Had an emission during sleep last night,³⁰.

12^d. Feeling sore in the region of the bladder, relieved by urinating,³⁰.

13^d. Got up at 6.30 A.M. and passed more than the ordinary quantity of urine, but was cool last night,³⁰.

J. S. C.—8^d. Had to rise twice through the night to urinate, passing a large quantity of pale urine,³⁰.

M. J. C.—13^d. Dull aching in the region of the kidneys, with profuse flow of natural-colored urine and of natural reaction,¹².

O. R. S.—4^d. The urine to all appearance natural in quality and quantity,⁰.

12^d. Slight tenderness in the renal region; urinated but twice in the past twenty-four hours,⁰.

Reproving.

J. G. T.—4^d. Frequent copious discharges of clear watery-looking urine without any disagreeable feeling,⁰.

5^d. Less urine passed, but still more than a normal quantity, and still clear,⁰.

6^d. Urine normal in quantity and appearance,⁰.

15^d. The urine clear as water and in natural quantity,^o.

18^d, 2 P.M. A dull cutting pain, lasting about five minutes at a time, and coming about once in each half hour, was felt along and about the length of Poupart's ligament, occurring on both sides at the same time. After the subsidence of each pain, a sickening sensation in the left testicle as if caused by a blow, and lasting about ten minutes. During the time this sensation lasted the testicle was extremely sensitive to the touch even of the clothing, but this sensitiveness passed away each time the pain subsided (had the same symptoms on taking the drug the first time).

19^d. Was wakened three times by the pain above described during the night. It did not come so often as during the day, but was just as severe and lasted as long. This pain has continued at intervals of about an hour, and of the same degree of severity as yesterday, till 4 o'clock this P.M.,^o.

20^d. The urine is natural as far as can be observed,^o.

21^d. Pain as before described along Poupart's ligament, but less severe. The pain felt in the left testicle but once, and not severe,^o.

24^d. The urinary secretion is as usual in health,^o.

R. R.—13^d. Has had quite an increased flow of urine through the day. Feels no oppression of the chest since the urinary secretion has become free,^o.

24^d. The urine is natural.

Chest.

First Proving.

J. G. T.—3^d. Feeling of fulness and oppression in the chest,^o.

4^d. The lungs feel oppressed as if by a heavy weight,^o.

5^d. Heavy oppressed feeling in the chest, requiring an effort to draw a long full breath,^o.

6^d. Feeling of oppression in the chest, with slight dry cough,^o.

7^d. The lungs feel as if filled with smoke. Dry cough,^o.

8^d. Feeling of oppression upon the chest; the cough is looser, but there is no expectoration,^o.

9^d. The cough is loose, and there is no expectoration; feeling of oppression in the chest,^o.

R. R.—8^d. Dry cough, with a feeling of tightness and oppression in the middle and upper third of the chest,^o.

9^d. The dry cough as above continues. P.M. Dry cough and a feeling of oppression in the centre of the chest,⁹.

10^d. The same as yesterday,⁹.

11^d. A feeling in the chest as if smoke had been inhaled, causing a cough,⁹.

14^d. The distress in the chest relieved somewhat by taking Pulsatilla in repeated doses,⁹.

Z. T. M.—2^d, A.M. Some soreness of the chest; spasmodic cough, expectorating a grayish phlegm in little lumps. Respirations 16. Pain over the region of the lower ribs; they feel sore on pressure,³⁰.

3^d. Respirations 16. Soreness under the right mammae on pressure,³⁰.

5^d, P.M. Pleuritic pain in the right side over the liver,³⁰.

7^d, 9 A.M. Oppressive shortness of breath; compelled to take long breaths frequently, with occasional pains in the right side of the chest,³⁰.

27^d. Considerable pain in the chest between the nipples, with an indescribably hollow feeling there, accompanied by a choking sensation in the throat, materially aggravated by inhaling carburetted hydrogen gas. Shooting pain under the right mammae,¹⁵.

36^d. Respirations 20 per minute. Sore bruised feeling under and to the left of the sternum, at the junction of the upper and middle third of the bone, felt on throwing the shoulders up and back. This pain at times extends back to the inferior angle of the scapula and to the shoulder-joint, where there has been for five days a weary aching on raising the arm. The intercostals of the left side, between the sixth, seventh and eighth ribs, are sore to the touch,¹⁵.

37^d, 9.30 P.M. Sharp shooting pain between the sixth and seventh ribs, at about the junction of the ribs with the cartilages, lasting but a few seconds, recurring again after an interval of half an hour,¹⁵.

38^d, A.M. The above-named region sore to pressure; shooting pains over the liver frequent, but not severe,¹⁵.

W. J. M.—11^d. For two evenings a roughness in the larynx, causing a disposition to hem, with a spasmodic dry cough,³¹.

12^d. A constricted sensation about the chest, and feels at times like taking a deep breath, but has no cough,¹⁵.

13^d. Slight cough, with grayish or bluish-black expectoration,¹⁵.

14^d. Some cough and expectoration, of a slate color. The matter expectorated is tough and hard to disengage from the larynx, requiring forcible hemming and hawking,¹⁵.

43^d, P.M. After supper a dry hacking cough,⁶.

O. R. S.—10^d. The respiratory sounds are not clear. Last night and to-day a disposition to hack and cough, with a little irritation in the throat,⁰.

11^d. A hacking cough without expectoration; most persistent in the forenoon,⁰.

12^d. Several times to-day sharp stitching pains, moderately severe, in both sides of the chest, in the space between the fourth and seventh ribs. Continual irritation behind the sternum, about the lower part of the upper third. The respiratory sounds in the upper half of the chest are heard moderately clear, but those of the lower half are quite dull. There is, however, the usual resonance on percussion all over the chest. Moderate percussion over all the anterior portion of the chest produces pain,⁰.

14^d. Dry cough, causing him to gag, continuing all day, but worse during the forenoon,⁰.

15^d. The same disposition to cough and gag, but not to the same degree as yesterday,⁰.

16^d. Cough as yesterday,⁰.

17^d. Dry cough,⁰.

18^d. Cough worse in the forenoon,⁰.

19^d. The cough dry, and a feeling of dryness down the trachea and into the bronchia. The chest is still sore on the right side on percussion. There has been one turn of the stitching pain through the right side of the chest, about the fifth rib, near the cartilage, reaching back to the scapula, and lasting but for a minute,⁰. (Medicine done.)

20^d. Cough as yesterday,⁰.

22^d. Commenced coughing on waking. The cough is worse in the heat of the room. There is now no pain or soreness in the chest. The respiratory sounds are becoming natural. There has been no cough at night during the proving.

23^d. The cough is dry, but not so continuous.

36^d. The cough is a little loose, but otherwise about as for the past four weeks. Once or twice per day a little starchy-looking substance is dislodged from a spot about under the fourth rib, a little to the right of the sternum, at which point

there is a little soreness on pressure. Can take a full breath without feeling pain.

Reproving.

J. G. T.—5^d. Has had to-day a quickly passing pain in the anterior part of the chest, below the seventh rib, about two inches from the sternum on each side, but not on both sides at the same time. Felt three times on the left side and twice on the right,^o.

6^d. The pain in the chest of yesterday has been felt quite frequently (at least twenty times in the past twenty-four hours), but has not been felt at night while asleep,^o.

7^d. The pains in the chest are not so sharp and do not come so frequently. A feeling of oppression and soreness on inspiration remains in the localities where the pains have been felt,^o.

8^d. The sharp pains felt before through the chest have not been felt to-day; but a feeling of soreness and oppression is felt in their place during motion or exertion. Taking a full inspiration increases the soreness,^o.

9^d. The symptoms of the chest are the same as yesterday, with the exception of frequent sighing respiration. He also yawns frequently,^o.

10^d. The soreness in the chest is still felt on taking a full inspiration. The respiratory sounds are not clear,^o.

11^d. During the morning he has had a more or less constant feeling of irritation through the bronchial region, accompanied by a slight, dry cough. Tenderness felt on pressure in the supraclavicular region, continuing all day,^o.

12^d. During the early part of to-day the pain and soreness in the right side of the chest continued (was felt yesterday, but not stated). Since the middle of the afternoon it is not so great. There is soreness on inspiration; and on making a full, deep inspiration, severe pain is felt at times cutting short the inspiration. The cough is about the same as yesterday. The respiratory sounds are clear, except in the lower lobe of the right lung,^o.

13^d. The lungs are free from pain and soreness. Can take a full inspiration without inconvenience,^o.

14^d. Coughs moderately, but does not expectorate any. At noon there was no tenderness felt in the chest, but between 2 and 3 P.M. there was a feeling of fulness and oppression through the entire chest, accompanied by a sense of soreness, worse on inspiration, and continuing through the balance of the day and evening, with a short, dry cough, which seems to

arise from some irritation behind the upper half of the sternum,^o.

15^d. The chest feels sorer than yesterday, and he has coughed more but has not expectorated any as yet. He has several times through the day had sharp stitching pains of momentary duration in the left side of the chest, immediately below the nipple. The respiratory sounds are very indistinct, except at the upper part of the lungs,^o.

16^d. The respiratory organs are in about the same condition as yesterday, with a short, dry, hacking cough,^o.

17^d. The cough is still dry. There is no expectoration. The cough is more severe than at any previous time. The entire chest feels sore on taking an inspiration of any depth whatever. The lungs feel clogged and full. There has been pain all the afternoon on the right side of the chest, between the sixth and seventh ribs, near their connection with the cartilages. The respiratory sounds are indistinct in the lower lobes of the lungs on both sides of the chest,^o.

18^d. The cough is the same as when last noted. Moderately severe pain on the left side of the chest; severest between the third and fourth ribs, near their connection with the cartilages. The pain is continuous, with every few minutes a severe stitch. Otherwise the respiratory organs are about as yesterday. The cough is about as when last noted,^o.

20^d. The cough was a little loose for the first time while up during part of the night, but has been a great deal more severe and paroxysmal, lasting longer at a time, and again tight during the day. He has felt sore through the entire chest all day, and has had frequent recurrences of the pain in the left side of the chest before noted,^o.

21^d. Soreness of the lungs as for some days past. Pain on the left side of the chest, at the junction of the ribs and cartilages,^o.

23^d. The lungs are still sore, and the pain continues on the left side of the chest as before,^o.

24^d. The same soreness felt through the chest as recorded above,^o.

25^d. Has some turns of the same dry cough before noted,^o.

29^d. The cough is now only noticed after walking or making some exertion requiring an increase of the volume of respiration. There is still a stuffed sensation through the chest, but no pain; merely the soreness on taking a full inspiration. The cough is dry,^o.

R. R.—4^d. Coughed a little to-day and the voice is a little husky. An oppressed or stuffed sensation is felt from the larynx to the bottom of the sternum all day. He has had pain for the greater part of the day through the anterior part of the upper lobe of the left lung, but no soreness on pressing the walls of the chest over the seat of pain. He can take a full inspiration, but the air causes a disagreeable feeling behind the sternum. Deep inspirations are followed by a cough,^o.

7^d. The breathing is clear,^o.

11^d. A stuffed sensation through the chest generally, and more markedly felt behind the sternum, and from the larynx to the epigastrium. More or less continuous dry, hacking cough; worse in the heat of the room; came on about 4 P.M. The stuffed sensation was felt all day. The voice is somewhat husky,^o.

12^d. Dry, hacking cough, all day; but the chest feels more free,^o.

13^d. The cough has been less troublesome. The voice is a little husky,^o.

24^d. The chest is free from oppression and the breathing is natural,^o.

Heart.

First Proving.

J. G. T.—2^d. Pulse 98,^o.

R. R.—Pulse 90,^o.

O. R. S.—10^d. Pulse 76,^o.

11^d. Pulse 80 and intermittent (which is not unusual with him),^o.

14^d. Pulse 88,^o.

15^d. Pulse 90,^o.

7^d. After recommencing to take the drug the pulse was natural,^o.

J. C. K.—2^d. Pulse 72 and full,³⁰.

21^d, 7.50 P.M. Pulse 90,^o.

22^d. Pulse 84,^o.

26^d, P.M. (2.30). Pulse full and 90,^o.

41^d. Pulse 85, full and regular,^o.

43^d, 9.30 A.M. Pulse 84, full and regular,^o.

46^d, 9.35 A.M. Pulse 86.

Z. T. M.—2^d. Pulse 80,³⁰.

3^d. Pulse 86,³⁰.

36^d. Pulse 80,¹⁵.

38^d, 3.30 P.M. Pulse 80 and respiration 17,¹⁵.

39^d. Pulse 84 and respiration 16,¹⁵.

40^d. Pulse 96 and respiration 17.

W. J. M.—50^d. Pulse 88,^o.

Reproving.

O. R. S.—4^d. Pulse 66 to 69 and irregular, with from five to seven intermissions per minute (has been a little intermittent before, but is more so than usual now). The symptoms taken at noon.

10^d. Pulse 76, soft and rather regular,^o.

12^d. Pulse 96. Slender at times, and at times full and very irregular,^o.

14^d. Pulse 95 to 96 all day,^o.

15^d. Pulse about 100. Slender and intermittent during the early part of the day. This afternoon 80,^o.

16^d. Pulse 80 and irregular,^o.

17^d. Pulse 75 and slightly irregular,^o.

19^d. Pulse 76 and a little irregular,^o.

22^d. Pulse 80 and irregular, both in volume and beat. The venous trunks are full where seen on the surface,^o.

36^d. Pulse 96, slender and rather irregular,^o.

J. G. T.—8^d. Pulse a little irregular, variable in volume and 72 to the minute,^o. (The pulse with him is usually 80 to 85.)

9^d. Pulse 72, and quite irregular in its beats,^o.

10^d. Pulse 74 and but slightly irregular,^o.

12^d. Pulse 76 and rather slender but regular,^o.

14^d, 6.30 P.M. Pulse 56, full and regular,^o.

15^d. Pulse 75, regular and full, and on putting the ear to the chest the sounds of the heart are heard distinctly through nearly every part of the chest,^o.

17^d. Pulse 78, variable in volume but regular in beat, and its sounds so loud and distinct as to prevent hearing clearly the respiratory sounds,^o.

18^d. Pulse 86, slender and irregular, can himself feel the beats of the heart through the chest distinctly,⁰.

20^d. Pulse 78, at times slender and at times full, and readily caused to fluctuate by change of position or effort of body,⁰.

25^d. Pulse 82, full and regular, temperature $98\frac{1}{2}^{\circ}$ under the tongue,⁰.

29^d. Pulse 72 and rather irregular in volume and beat. The beats of the heart are violent on making any unusual exertion or continuing a usual exertion for any considerable time. He has less strength than when he ceased taking the medicine seven days since,⁰.

R. R.—7^d. Pulse 86 and a little variable in volume but regular in beat,⁰.

24^d. The pulse and beats of the heart natural,⁰.

Neck.

First Proving.

O. R. S.—6^d. The left side of the neck feels stiff and sore,⁰.

7^d. The left side of the neck is stiff and sore,⁰.

J. C. K.—14^d, 11.45 A.M. Stiffness and tenderness in the upper part of the sterno-cleido-mastoideus muscle,⁴.

41^d, 5.10 P.M. Pain all afternoon in the right side of the neck at the bifurcation of the common carotid artery, felt when moving the head in any direction, or when pressing the point named, but not noticed when swallowing,⁴.

W. J. M.—48^d. The neck feels stiff,⁶.

Back.

First Proving.

O. R. S.—14^d. Have an aching low down in my back, across the sacrum. This symptom has been more or less constant, during the proving,⁰.

W. J. M.—12^d. But little soreness in the back,¹⁵.

50^d. Dull pain in the lumbar region,⁶.

M. J. C.—13^d. Dull aching in the kidneys,¹².

Reproving.

J. G. T.—11^d. Pain between the scapulæ quite severe, causing an inclination of the shoulders forward for relief. It is felt at every inspiration, the deeper the inspiration the severer the pain, lasting from 8 till 9 A.M., and gradually passing around below the point of the right scapula to a position on the right side of the chest below the ninth and across the tenth ribs. The part named is very sore on taking a full breath,^o.

19^d. Began to feel a soreness commencing at the lower cervical vertebra, and extending as far down as the points of and under both scapulæ. The sensation was first felt on moving the arms and shoulders on getting out of the bed at night. On taking more than the usual volume of air into the lungs a stitching pain is felt in the space between the scapulæ, which continues until 10 P.M.,^o.

Extremities.*First Proving.*

J. G. T.—4^d. The lower extremities feel heavy,^o.

6^d. On commencing to move pain and soreness in the right knee-joint,^o.

7^d. The extensor muscles of the thigh feel sore,^o.

R. R.—Pain in the left hip-joint and along the thigh in the course of the crural nerve, feeling as if the part had been bruised ; worst when commencing to move the part but better from continuing to move it. Pain in the left iliac region, hip and knee-joint, with an occasional twinge in the right knee. Pain in the left inguinal region.

5^d. Pain in the anterior portion of the thigh and limb gone but feel tired all over. Pain and soreness in the posterior part of both thighs in the course of the sciatic nerve ; felt most when walking,^o.

6^d. The pain in the course of the sciatic nerve is not so marked as yesterday, but there is a feeling of weakness in the sacral region,^o.

7^d. The pains in the lower extremities are not felt,^o.

9^d. Pain in both knee-joints. Pain in the left hip-joint when walking.

10^d. Pain in the left hip-joint and inner aspect of the thigh,^o.

O. R. S.—11^d. Aching in all the limbs,^o.

14^d. Got up this morning feeling tired and bruised-like in body and limbs,^o.

J. C. K.—3^d. Pain in the left knee-joint before rising in the morning. Sharp pain in the ilium after rising, 3.55 P.M. Bruised sensation externally over the metatarso-phalangeal articulations of small toe,³⁰.

9^d, 9.45 A.M. Sharp pain in the right little finger,¹⁵.

21^d. Aching in the thighs,^o.

22^d. Rheumatic pains in the limbs, especially the lower, running from the hip to the toes, and worse when at rest and better when moving. These pains remain a few moments in muscles supplied by the sciatic nerve. Pain in the second phalangeal joints of the fingers. The pains are most severe in the flexor muscles of the thighs and legs,^o.

23^d. The lower limbs still ache. The pain is in the flexor muscles,^o.

24^d, 8.40 P.M. A severe pain shot through the metatarso-phalangeal articulations of the fourth and small toes of the right foot, running out to the end of the toes, causing him to limp. The pain resembles that of a sprain, but I have not received a sprain or injury of the foot in any way,^o.

25^d. Had before rising a severe cramplike pain in the lower part of the popliteal space at the junction of the heads of the gastrocnemius muscle, and running down the muscle a short distance and gradually subsiding during the morning. The pain in the foot is subsiding, and is now (8.25 P.M.) almost gone. Have had pain all day in the flexor muscles of the leg during motion, as if bruised,^o.

36^d. A corn has appeared on the bottom of the right small toe,^o.

38^d, 9 A.M. Feel neuralgic pains from the axilla to the small finger, along the inner part of the arm, forearm and hand,^o.

43^d, 9.30 A.M. Have some pain in the left leg, which commenced soon after rising in the morning, in the outer part of the knee-joint, extending to the tarsus, and is felt over all the aspects of the leg (anterior, posterior and lateral). It is most severe just below the popliteal space at the junction of the heads of the gastrocnemius muscle. Feel sore all over but the left leg feels the worst. 8.50 P.M. The pains in the legs have disappeared,^o.

44^d, 4.50 P.M. The pains in the knees and legs came on

about three P.M., just as they were before but worse in the left hip-joint,⁰.

45^d, 7.05 P.M. Have neuralgic pains in the knees and legs as described before,⁰.

46^d, 9.35 A.M. Severe pain in the left knee-joint. The muscles on the anterior part of the thigh are painful when walking and tender when touched. Pain from the tips of the fourth and fifth fingers to the elbow of the left arm. Pain in the left hip-joint. The pains wander about, showing a preference for the joints and for the left side, but not restricted to that side,⁰.

48^d. A corn has appeared on the bottom of each phalanx of each small toe. Never had any before, except one which left in a few days. Am wearing the same shoes that I have been wearing for three months past. Have felt no friction till the formation was completed. They are both very painful under pressure; cannot think of any cause likely to produce them,⁰.

51^d, 11.30 A. M. The corns are extremely painful,⁰.

53^d. The corns on the under side of the small toes are disappearing,⁰.

Z. T. M.—2^d. Rheumatic aching in the right arm, principally in the shoulder and wrist,³⁰.

3^d. Rheumatic pains shooting from the acetabulum down to the knee, lasting but a few seconds, worse on moving about,³⁰.

27^d. Rheumatic pain in the right forefinger,¹⁵.

36^d. For the past five days a weary aching on raising the arm. The shoulder-joint cracks when elevating or depressing the arm. The pain felt in the shoulder passes down the course of the median nerve to the finger end. An aching is felt through the whole left arm. The flexor muscles of the left forearm on holding anything in the hand with the arm flexed become stiff. The aching is worse from pressure and motion. Dull rheumatic feeling extending from the right knee to the ankle with cracking of the knee-joint when flexed or extended. The metatarso-phalangeal bone of the right index finger is sore on pressure, so much so as to make it painful to hold the pencil for any time; was never troubled this way before taking the medicine,¹⁵.

38^d, P.M. During the morning had an aching pain in the flexor muscles of the left forearm near their insertion at the elbow while riding,¹⁵.

W. J. M.—41^d. Nervous twitching in the middle and index finger of the left hand.

50.^d The thighs are sore and the joints feel stiff. The right knee-joint cracked frequently when flexing the leg at night.

M. J. C.—13.^d Stitching in the tibia when walking,³⁰.

15^d. Stitching in the tibia when walking. Occasional little flying pains in the fingers, palms of the hands and forearm,¹².

O. R. S.—12^d. An aching for a short time about midday in the anterior and inner part of the left thigh. Dull aching across the sacrum and down the outer sides of the thighs as far as the knees, the whole of the thighs partaking of the feeling,^o.

15^d. Weary aching across the sacrum and down the limbs the same as yesterday till ten in the forenoon. From that time was walking nearly all day and felt better while walking, but on sitting down the same feeling returned. Sharp pain on moving below the trochanter on the left side, reaching through to the left spermatic cord, which feels a little sore to the touch. The pain came on twice suddenly, lasted but a few moments, and disappeared, returning on crossing the thighs,^o.

16^d. The pain under the trochanter felt occasionally through the day as a moderate aching,²⁰.

20^d. Soreness on walking or stooping, first felt on getting out of bed in the morning; was very severe on pressure on each side of the sacrum on a line with the acetabulum, and worst on the left side. When walking for some time the pain was easier. Pain and soreness on the inner side of the left thigh from the inguinal region to the inner edge of the popliteal space. Felt also in a slight degree in the other thigh,^o.

22^d. But little of the soreness along the inner side of the left thigh now felt,^o.

Reproving.

J. G. T.—12^d. Dull pain for half an hour on the inside of the popliteal space of the right leg, came on about noon while lying, and was accompanied by a disagreeable feeling through the muscular part of the posterior portion of the leg, which passed off while walking,^o.

13^d, 7 P.M. Pain in the popliteal space while walking about, lasting about five minutes, and not affecting this time the posterior part of the leg, followed very soon by cramp in the plantar surface of the right foot between the os calcis and

metatarsal bones, lasting at intervals the balance of the evening (had felt something like it when swimming),^o.

15^d. A weary feeling from the crest of the ilium down the outer side of both thighs to the knees as if he had been taking too much exercise. This began to be felt this afternoon,^o.

16^d, 3 P.M. An aching commenced in the anterior part of the thigh, extending to the leg and ankle in front, beginning slightly, and growing worse till a restless uneasy feeling was produced which lasted till he retired for the night at 9.30 P.M., but did not prevent sleep and was gone in the morning,^o.

17^d. About midafternoon had the pain again in the popliteal space of the right leg for about an hour,^o.

18^d. Has had frequently recurring sharp stitches to-day along the palmar surface of the fourth metacarpal bone, between the carpal and phalangeal bones, articulating with that bone. The same in both hands, but not in both hands at the same time,^o.

A TREATISE
ON
DISEASES OF THE SKIN.

BY
S. LILIENTHAL, M.D.

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PREFACE.

ABOUT two years ago, Messrs. Boericke & Tafel requested me to prepare a work on Diseases of the Skin, for the use of homœopathic practitioners, to be issued with the monthly parts of the *Hahnemannian Monthly*, as an appendix to that journal. This treatise is the result of that request, the work having been done according to the best of my ability. While I have a perfect knowledge of its imperfection, I can conscientiously assert, that I have gleaned critically and carefully from the best authorities in regard to the pathology and therapeutics of these forms of disease. It is hoped that it has and will serve a good and useful present purpose with the physicians of the homœopathic school, and be at the same time a foundation upon which a future perfect treatise may be based. But a small edition has been printed, and no stereotype plates have been used, and the publishers will, therefore, feel themselves free to issue a new and enlarged edition as soon as there shall appear to be a demand for it. In the meantime no labor will be spared to perfect the work, and assistance and contributions are requested from homœopathic practitioners in all parts of the world.

The second part of the work, the "Repertory," has been prepared exclusively by Clarence M. Conant, M.D., of Middletown, N. Y., who has performed his difficult task with characteristic ability, and to whom I hereby tender sincere thanks. I desire also to thank the editor of the *Hahnemannian Monthly*, Dr. R. J. McClatchey, for the careful supervision and proof-reading bestowed upon the entire work.

S. L.

235 W. TWENTY-FIFTH STREET,
NEW YORK.

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Kali c. Lach. Led. Petr. Sabin. Selen. Sil. *Sulph.*
Tarax.

SPOTS, INFLAMED. Ars. Hell. Kalm.

SPOTS, LARGE. Calc. c. Hura. bras. Lye. Petr.
Phos. ac. Sabin. Tart. e.

SPOTS, MARBLED. *Berb.* *Carbo veg.* *Caust.* Crotal.
hor. Lye. Nat. mur. Plat. Thuj.

SPOTS, PALE-RED, or rose colored. Cann. sat. Carbo an.
Carbo veg. Cocc. Copaiv. Rhodo. Sarsap. Sep.
Teucr. Vip. red.

SPOTS, RAISED, elevated. Calc. c. Carbo an. Dule.
Kali c. Merc. sol. Phos. Puls. Sarsap. Sil. Teucr.
Thuj.

SPOTS, RED. Acon. *Alum.* *Amb.* Amm. c. Amm.
mur. Anath. muric. *Ant. crud.* ARN. ARS. BELL.
Berb. Bry. Calad. CALC. c. Cann. sat. Canth. Caps.
Carbo an. *Carbo veg.* *Caust.* Cham. Chel. Chin.
Cinnab. Cist. Cocc. *Con.* Copaiv. Corall. rub. Croc.
Cycl. Crotal. hor. *Dros.* *Dule.* Elaps. cor. Electr.
Eryng. Graph. Hep. Hura bras. Iod. *Ipec.* Kali
c. Kali hyd. Kalm. LACH. *Led.* *Lye.* Magn. arc.
Magn. c. *Magn. mur.* Mang. MERC. SOL. Merc. viv.
Mez. Mosch. *Nat. c.* *Nat. mur.* NITR. AC. Nux jug.
Oleum jec. Op. Paris. Paul. pin. *Petr.* Phos. Phos.
ac. Plat. Plumb. acet. *Plumb. met.* Puls. Ratanh.
Rhodo. RHUS TOX. Rhus vern. SABAD. *Samb.* *Sar-*
sap. SEP. Sil. Spong. *Squill.* Stann. SULPH. SULPH.
AC. Sumb. Syphil. *Tabac.* Tart. e. Taxus. Teucr.
Thuj. Verat. alb. *Vip. red.* *Vip. torv.* Zinc. met.

SPOTS, DARK-RED. Bell. *Berb.* Calc. caust. Lye.
Rhodo. Taxus. Vip. red.

SPOTS, RED, checkered. *Berb.* *Carbo veg.* *Caust.*
Crotal. hor. Lye. *Nat. mur.* Plat. THUJ.

SPOTS, ROUGH. Bar. c. *Merc. sol.* Mur. ac. Nitr. ac.
Sarsap. Zinc. met.

SPOTS, ROUND. Bry. Chel. Crotal. cascav. Hura

bras. Iod. Led. MERC. SOL. Mur. ac. Nat. mur. Phos. Stann. Zinc. met.

SPOTS, SCALY, SCURFY. Hydrocotyle. Kali c. *Merc. sol.* NITR. AC. Sabin. Sil. Thuj. Zinc. met.

SPOTS, SMALL. Bry. Cham. Cinnab. Eryng. Hura bras. Lach. Led. Lyc. Magn. c. Merc. sol. Oleum jec. Op. Phos. Phytol. Ratanh. Sabad. Squill. Stann. *Sulph. ac.* Tart. e. Vip. torv.

SPOTS, SMOOTH. Carbo an. Carbo veg. Corall. rub. Electr. Lach. Magn. c. Petr.

SPOTS, SYPHILITIC. Hydrocotyle. Merc. sol. Syphil. Thuj.

SPOTS, PURPLE, or violet colored. Merc. corr. Nitr. ac. *Phos.* Verat. alb.

SPOTS, WHITE. *Alum.* Amm. c. *Ars.* Calc. c. Carbo an. Electr. *Merc. sol.* Nat. c. Nitr. ac. Phos. *Sep.* SIL. SULPH.

SPOTS, YELLOW. Amb. Anath. muric. *Arn.* *Ars.* Canth. CON. Colch. Crotal. cascav. Elaps. corr. Ferr. acet. FERR. MET. Guar. trich. Hydrocotyle. Iod. Kali c. Lach. Lauro. *Nat. c.* PETR. PHOS. *Ruta.* *Sabad.* SEP. Stann. *Sulph.* Tart. e. Vip. red. Vip. torv.

SPOTS, BLOODY (like petechiæ). *Arn.* *ARS.* Bell. *Berb.* Bry. Con. *Hyosc.* Lach. Led. NUXV. *Phos.* RHUS TOX. *Ruta.* *Sec.* Sil. Stram. Sulph. ac.

SPOTS, SCORBUTIC. Anath. muric. Merc. cor. Merc. sol.

SPOTS, LENTICULAR. Calc. c. Rhus tox. Vip. red.

SPOTS covered with rash pimples. Cham. Spong.

SPOTS covered with vesicles. Dulc. Iod. Lach. Merc. viv. Rhus tox. Spong.

SPOTS moist when scratched. Kali c. Sabin.

SPOTS covered with pustules. Lyc. Nux jug.

SPOTS on scalp. *Ars.* Kali c. Mosch. Zinc. met.

SPOTS on eyelids. Camph. Sil.

SPOTS on nose. Aur. fol. Calc. c. Iod. Phos. ac. Rhodo. Taxus. Verat. alb.

SPOTS on face. Acon. Alum. Amb. Amm. c. Anath. muric. Ars. Bar. c. Bell. Berb. Bry. *Calc. c.* Carbo an. Carbo veg. Caps. Colch. Croc. Ferr. acet. Ferr. met. Lach. Lauro. Lye. *Merc. sol.* *Nat. c.* Nitr. ac. Paris. Paul. pin. Phos. Rhus vern. Samb. Sarsap. SEP. Sulph. Tabac. Vip. red. Zinc. met.

SPOTS about lips and mouth. Ars. Berb. Caust. Hep. *MERC. SOL.* Mez. *Nat. c.* *Sulph.*

SPOTS on chin. Nat. mur. Sep. *Sil.* Samb.

SPOTS on cheeks. Berb. Carbo an. Hura bras. Paris. Samb.

SPOTS on abdomen. Ars. Bell. Canth. *Calend.* Kali c. *Lach.* Led. Lye. Nat. mur. Phos. Ratanh. Sabad. Sep.

SPOTS on glans penis. Arn. Cann. sat. Carbo veg. Cinnab. *LACH.* Nat. mur. Nitr. ac. Petr. Sil. Thuj.

SPOTS on scrotum. Calc. c. Sil.

SPOTS on prepuce. Lach. Rhus tox. Thuj.

SPOTS on chest. Amm. c. Amm. mur. Ars. *Bell.* Carbo veg. Cinnab. Cocc. Crotal. hor. Crotal. cascav. Eryng. Ipec. Lach. *LED.* Lye. *Magn. c.* Mez. Nitr. ac. Phos. Phytol. Sabad. *Sep.* Squill. Sulph. *Vip. torv.*

SPOTS on neck. Ars. Bell. Bry. Carbo veg. Cinnab. Cocc. Iod. Lach. Lye. Sep. Stann. Vip. torv.

SPOTS on nape of neck. Carbo veg. Hyosc.

SPOTS on scapulæ. Calc. c. Cist. Lach. Sumb.

SPOTS on back. Lach. Lye. Sep. Spong. Sulph. Sumb. Zinc. met.

SPOTS on arms. Ant. crud. Berb. Bry. Crotal. hor. *Cupr. met.* Elaps. corr. Kali hyd. Lach. Led. Lye.

Nat. mur. *Nux jug.* *Plat.* *Petr.* *Rhus tox.* *Sabad.*
SULPH. *Taxus.* *Thuj.*

SPOTS on shoulders. *Berb.* *Phos. ac.* *Sulph. ac.* *Ta-*
bac.

SPOTS on forearms. *Amm. c.* *Ant. crud.* *Berb.* *Bry.*
Chel. *Crotal. hor.* *Cupr. met.* *Hura bras.* *Lach.* *Led.*
Magn. mur. *Merc. sol.* *Nat. mur.* *Nux jug.* *Petr.*
Sabad. *SULPH.* *Sulph. ac.* *Thuj.*

SPOTS on elbows. *Calc. c.* *Sep.* *Vip. torv.*

SPOTS on wrists. *Dros.* *Kali c.* *Merc. sol.* *Petr.*

SPOTS on hands. *Acon.* *Bell.* *Berb.* *Corall.* *Dros.*
Elaps. cor. *Electr.* *Iod.* *Kali c.* *Nat. c.* *Nat. mur.*
Nitr. ac. *Sabad.* *Sep.* *Squill.* *Stann.* *Tart. e.* *Vip.*
torv. *Zinc. met.*

SPOTS on backs of hands. *Bell.* *Crotal. cascav.* *Dros.*
Hura bras. *Phos. ac.* *Stann.*

SPOTS on palms of hands. *Corall.* *Electr.*

SPOTS on fingers. *Con.* *Corall.* *Elaps. cor.* *Lach.*
Lyc. *Mang.* *Nat. mur.* *Phos. ac.* *Plumb. acet.* *Plumb.*
met. *Sabad.* *Squill.* *Tart. e.* *Zinc. met.*

SPOTS on thighs. *Amm. c.* *Ant. crud.* *Bell.* *Berb.*
Cann. sat. *Cycl.* *Electr.* *Graph.* *Lach.* *Magn. c.*
Mur. ac. *Rhodo.* *Sabin.*

SPOTS on legs. *Ant. crud.* *CALC. c.* *Calc. caust.*
Chel. *Con.* *Graph.* *Guar. trich.* *Hura bras.* *Lyc.*
Nat. mur. *Nux v.* *Phos.* *Sarsap.* *Sil.* *Stann.* *Sulph.*
Zinc. met.

SPOTS on knees. *Elaps. cor.* *Electr.* *Petr.* *Rhus tox.*

SPOTS on feet. *Ant. crud.* *ARS.* *Hydrocotyle.* *Led.*
Phos. *Puls.* *Rhus tox.* *Sec.* *Squill.* *Sulph.* *Thuj.*

SPOTS on toes. *Lach.* *Nat. c.*

THICK HARD SKIN. *Amm. c.* *ANT. CRUD.* *ARS.*
Borax. *Cic.* *Clem.* *Dulc.* *Graph.* *Lach.* *Paris.*
Ranunc. bulb. *RHUS TOX.* *SEP.* *Sil.* *Sulph.* *Thuj.*
Verat. alb.

TUBERCLES in general. *Agar.* *Alum.* *Amm. c.* *Amm.*

mur. Anac. Anthrak. *Ant. crud.* Ars. Aur. fol.
Bar. c. Bell. Bry. CALC. c. Cann. sat. Canth. Caps.
Carbo an. *Carbo veg.* CAUST. Chel. Chin. *Cic.* Cocc.
Con. Digit. Dros. *Dulc.* Electr. *Graph.* *Hell.* *Hep.*
Ign. Iod. Ipec. Kali c. Kali chl. Kali hyd. Kreas.
LACH. LED. *Lyc.* Magn. arc. *Magn. c.* *Magn. mur.*
Magn. sulph. *Mang.* *Merc. sol.* Mez. *Mur. ac.* NAT.
c. *Nat. mur.* Nitr. Nitr. ac. *Nux v.* *Oleand.* Op.
Petr. Phos. Phos. ac. Puls. RHUS TOX. *Ruta.* Sabin.
Sec. *Selen.* *Sep.* *Sil.* *Spig.* Spong. Stann. *Staph.*
Stram. *Sulph.* Sulph. ac. Tarax. Tart. e. *Thuj.* Val.
Verat. alb. Verb. Viol. tr. Zinc. met.

TUBERCLES, SUPPURATING. Amm. c. Bov. Nitr. ac.

TUBERCLES, INFLAMED. Amm. mur. Rhus tox.

TUBERCLES, RAISED. Oleand. Rhus vern. Val.

TUBERCLES, YELLOW. *Ant. crud.* Sulph.

TUBERCLES, HARD. Amm. c. Amm. mur. *Ant. crud.*
Bar. c. Bov. BRY. *Con.* *Lach.* *Magn. c.* *Magn.*
sulph. *Nat. mur.* Phos. Rhus tox. Val.

TUBERCLES, TUBEROUS. *Nat. c.* Phos. *Sil.*

TUBERCLES, LEPROUS. *Nat. c.* Phos. *Sil.*

TUBERCLES, ERYSIPELATOUS. *Nat. c.* Phos. *Sil.*

TUBERCLES, RED. Amm. c. Berb. Bov. *Carbo an.*
Carbo veg. Digit. Electr. *Hep.* Kali chl. Kali hyd.
Lach. *Led.* *Magn. c.* *Magn. mur.* *Merc. sol.* *Mur.*
ac. *Nat. mur.* Nitr. ac. Op. Phos. ac. Puls. *Sep.*
Spig. *Sulph.* *Thuj.* Verat. alb.

TUBERCLES, with red areola. *Ant. crud.* Cocc. *Dulc.*
Phos.

TUBERCLES, ULCERATING. Amm. c. Bov. *Sec.*

TUBERCLES, WHITE. *Ant. crud.* *Dulc.* *Sulph.* Val.

TUBERCLES discharge clear water. *Graph.* *Magn. c.*

TUBERCLES, SMALL. *Mang.* *Nicc. c.* *Nux jug.* Rhus
tox.

TUBERCLES on eyelids. Aur. fol. Bry. Calc. c. Ra-
nunc. scel. *Staph.* *Thuj.*

TUBERCLES on face. *Alum.* Ant. crud. *Ars.* Bar. c. Bry. Calc. c. Cann. sat. Canth. Carbo veg. Cham. Chel. Cic. Con. Digit. Dulc. *Graph.* Hell. Hep. Kali c. Kali hyd. Lach. *Led.* Lye. Magn. arc. *Magn. c.* Magn. mur. Merc. sol. Nat. c. Nitr. Nitr. ac. *Nux v.* Oleand. *Puls.* Thuj. Viol. tr. Zinc. met.

TUBERCLES about lips and mouth. *Ars.* Bar. c. Bell. Bry. Caust. Con. Magn. mur. Nicc. c. Sep. Sil. Sulph.

TUBERCLES on chin. Bry. Carbo an. Euphorb. Hep. Magn. mur. Oleand.

TUBERCLES on lower jaw. Bry. *Graph.* Nat. c. *Nux v.* Staph. Verat. alb.

TUBERCLES about arms. Carbo veg. Hep. Ign. Stann. Staph. Thuj.

TUBERCLES on penis. Bell. Bov.

TUBERCLES on labia. Calc. c. Merc. sol. Phos.

TUBERCLES on chest. Amm. c. Cann. sat. Caust. Mang. Nicc. c.

TUBERCLES in axilla. Nitr. ac. Phos.

TUBERCLES on neck. Amm. c. Lach. Lye. Mur. ac. Nicc. c. Phos. Phos. ac. Sec.

TUBERCLES on nape of neck. Ant. crud. Carbo an. Caust. Nicc. c. Zinc. met.

TUBERCLES on back. Amm. c. Caust. Lye. Nicc. c. Squill.

TUBERCLES on shoulders. Crotal. hor. Kali chl. Phos. Rhus tox.

TUBERCLES on arms. *Ars.* Caust. Cocc. Dulc. Mang.

TUBERCLES on forearms. *Agar.* Amm. c. Mur. ac. Nitr. *Nux jug.* Phos. ac.

TUBERCLES on elbows. Amm. c. Caust. Magn. c. Mur. ac.

TUBERCLES on hands. *Ars.* Carbo an. Hydrocotyle.

Kali chl. *Merc. sol.* Nitr. ac. Rhus tox. Rhus vern.
Sep. Spig. Stram.

TUBERCLES on wrists. Amm. c. Magn. c.

TUBERCLES on fingers. Berb. Caust. Cocc. *Con.*
Hydrocotyle. *Lach.* *Led.* Lyc. Nat. c. Rhus tox.
Verat. alb. Zinc. met.

TUBERCLES on feet. Carbo an. Rhus tox.

TUBERCLES on hips. Ratanh. Rhus tox.

TUBERCLES on buttocks. Hep. Mang.

ULCERS, BLACK. Ant. crud. ARS. *Asaf.* Bell.
Carbo veg. Con. *Euphòrb.* *Ipec.* *Lach.* Mur. ac.
Plumb. met. Rhus tox. Sarsap. *Sec.* *Sil.* Squill.
Sulph. *Sulph. ac.*

ULCERS, BLEEDING (easily). Alum. Arn. ARS. *Asaf.*
Bell. Bov. *Carbo veg.* Caust. *Con.* Croc. Dros.
HEP. *Hyosc.* Iod. KALI c. Kreas. LACH. LYC.
Merc. dulc. *Merc. sol.* Merc. viv. Mez. Nat. mur.
NITR. AC. PHOS. PHOS. AC. PULS. Rhus tox. Ruta.
Sabin. *Sec.* Sep. *Sil.* Sulph. Sulph. ac. Thuja.
Zinc. met.

ULCERS, bleeding edges. Ars. Lyc.

ULCERS surrounded by blisters and vesicles. Ars. Bell.
Caust. Fluor. ac. Hep. LACH. Merc. sol. Mez. Nat.
c. Petr. Phos. *Rhus tox.* Sep.

ULCERS, BLUISH. Ars. *Asaf.* *Aur. fol.* Bell. *Con.*
Hep. LACH. *Mang.* *Merc. sol.* *Sec.* Seneg. *Sil.*
Verat. alb.

ULCERS with bluish edges. *Asaf.* Mang. Nitr. ac.

ULCERS, with a blue-black or greasy ash-colored base.
Ars. *Lach.* Thuja.

ULCERS, chronic, malignant. Ars. *Bar. c.* Calc. c.
Carbo veg. Caust. *Cham.* *Chel.* Clem. Con. Croc.
Crotal. hor. *Graph.* HEP. Kali c. *Lach.* *Lyc.*
Magn. c. Mang. *Merc. sol.* Mur. ac. Nat. c. *Nitr.*
ac. Petr. Phos. *Phos. ac.* *Rhus tox.* Sep. *Sil.* Squill.
Staph. *Sulph.*

ULCERS, chronic, old. Ampel. quin. Carbo veg. Chel. Crotal. hor. Cupr. met. Euphorb. Graph. Hep. Lach. Lyc. Nux mosch. Petr. Phos. ac. Polygon. punct. Psor. Ranunc. acris. Ranunc. bulb. Ranunc. scel. Tart. e.

ULCERS, CORRODING. Kali bich. Merc. sol. Merc. viv. Nitr. ac. Ranunc. bulb. Sil.

ULCERS, DEEP. Ant. crud. Ars. Asaf. Aur. fol. Bell. Bov. Calc. c. Carbo veg. Caust. Chel. Clem. Con. Dros. Hep. Kali bich. Kreas. LACH. Lyc. Magn. c. MERC. SOL. Mur. ac. Nat. c. Nat. mur. NITR. AC. Petr. Phos. ac. Puls. Rhus tox. Ruta. Sabin. Selen. Sep. Sil. Staph. Sulph. Thuj.

ULCERS, DIRTY. LACH. MERC. SOL. NITR. AC. Nux mosch. Sabin. Thuj.

ULCERS, FETID. Amm. c. ARS. Asaf. Bar. mur. Calc. c. Carbo veg. Caust. Chin. Con. Graph. Hep. Lach. Lyc. Mang. Merc. sol. Mur. ac. Phos. Plumb. met. Rhus tox. Sec. Sep. SIL. STAPH. Vip. red.

ULCERS, FISTULOUS. Ant. crud. Ars. Asaf. Aur. fol. Bell. Bry. CALC. c. Carbo veg. Caust. Chel. Clem. Con. Hep. Kreas. Lach. Led. Lyc. Merc. sol. Millef. Nat. c. Nat. mur. Nitr. ac. Petr. Phos. Phos. ac. Puls. Rhus tox. Ruta. Sabin. Selen. Sep. Sil. Stann. Staph. Stram. Sulph. Thuj.

ULCERS, FLAT. Amm. c. Amm. mur. Arg. Ant. crud. Ars. Asaf. Aur. mur. Bell. Carbo an. Carbo veg. Chin. Corall. LACH. Lyc. MERC. SOL. Nat. c. NITR. AC. Petr. Phos. Phos. ac. Puls. Ranunc. bulb. Sclen. Sep. Sil. Staph. Sulph. Tart. e. THUJ.

ULCERS, GANGRENOUS. Acon. ARS. Asaf. Bell. Chin. Con. Kreas. Lach. Mur. ac. Rhus tox. Sabin. Sec. Squill. Tart. e. Vip. red.

ULCERS, HARD. Ars. Bell. Calc. c. Puls.

ULCERS with hard edges. Arn. Ars. Asaf. Bell. Bry. Calc. c. Carbo an. Carbo veg. Caust. Cham.

Cic. Cina. Clem. Commoc. dent. Graph. Hep.
Lach. LYC. *Merc. sol.* Mez. Nat. c. Nux v. Petr.
Phos. Phos. ac. Puls. Ranunc. bulb. Sanguin. Sep.
SIL. Staph. SULPH. Thuj.

ULCERS, INFLAMED. ACON. Agn. Ant. crud. Arn.
ARS. Asaf. Bar. c. *Bell.* Borax. Bov. *Bry.* Calc.
c. Caust. Cham. Cina. Cocc. *Colch.* Con. Croc.
Cup. met. Digit. Galv. HEP. Hyosc. Ign. Kreas.
Led. Lyc. Mang. MERC. SOL. *Mez.* Nat. c. *Nitr. ac.*
Nux v. Petr. PHOS. Plumb. met. *Puls.* Ranunc.
bulb. *Rhus tox.* Ruta. Sabin. Sarsap. Sep. *Sil.*
Staph. *Sulph.* Thuj. Verat. alb.

ULCERS with mawworms. Ars. Calc. c. Merc. sol.
Sabad. *Sil.*

ULCERS, MERCURIAL. Alum. Amm. c. Arn. *Asaf.*
Aur. fol. *Bell.* Calc. c. Carbo an. *Carbo veg.* Cham.
Chin. Cist. Clem. Graph. *Hep.* Lach. Lyc. Nat.
mur. *Nitr. ac.* Phos. *Phos. ac.* Sarsap. *Sep.* *Sil.*
Staph. *Sulph.* Thuj.

ULCERS, old, torpid, indolent. Anac. Ars. Bals. peru.
Calc. c. Camph. Carbo an. *Carbo veg.* Carbol. ac.
Con. Dulc. *Euphorb.* Iod. Lach. Lyc. Mur. ac.
Nitr. ac. Oleand. Op. *Phos. ac.* Plumb. met. Poly-
gon. punct. Sanguin. *Sep.* *Sil.* *Sulph.*

ULCERS surrounded by pimples. Acon. Ars. *Asaf.*
CARBO VEG. *Caust.* Cham. Lach. Merc. sol. Mez.
Mur. ac. Nat. c. Petr. Phos. *Puls.* *Rhus tox.* *Sep.*
Sil. Staph. *Sulph.*

ULCERS with proud flesh. Alum. Ant. crud. ARS.
Bell. Carbo an. Carbo veg. Caust. Cham. Graph.
Kreas. Lach. Merc. sol. Petr. Phos. Sabin. *Sep.*
Sil. Staph. *Sulph.* Thuj.

ULCERS, PUTRID. Amm. c. ARS. *Asaf.* Aur. fol.
Bell. Borax. Bov. *Bry.* Calc. c. Carbo veg. Caust.
Chel. Chin. Cic. Con. Cycl. Graph. Hep. Kreas.
Lyc. Mang. MERC. SOL. Mez. MUR. AC. Nat. c.

Nitr. ac. *Nux mosch.* *Nux v.* *Phos.* *Phos. ac.* *Plumb. met.* *Puls.* *Rhus tox.* *Ruta.* *Sabin.* *Sec.* *Sep.* *Sil.* *Staph.* *Sulph.* *Sulph. ac.* *Thuj.*

ULCERS, PUSTULOUS. *Kali bich.* *Sarsap.* *Tart. e.*

ULCERS with red areola. *Acon.* *Ant. crud.* *Arn.* *Ars.* *Asaf.* *Bar. c.* *Bell.* *Calc. c.* *Caust.* *Cham.* *Cocc.* *Corall.* *Cupr. met.* *Hep.* *Kreas.* *Kali bich.* *LACH.* *Lamb. alb.* *Lyc.* *Merc. sol.* *Mez.* *Nitr. ac.* *Nux v.* *Petr.* *Phos.* *Puls.* *Ranunc. bulb.* *Rhus tox.* *Sabin.* *Sep.* *Sil.* *STAPH.* *Sulph.*

ULCERS like "salt rheum." *AMB.* *Ars.* *Cole.* *Chin.* *Graph.* *Lyc.* *Merc. sol.* *Petr.* *Phos.* *Puls.* *Sep.* *Sil.* *Staph.* *Sulph.*

ULCERS, SARCOMATOUS. *Ant. crud.* *Ars.* *Cupr. met.* *HEP.* *Kreas.* *MERC. SOL.* *Nitr. ac.* *Sabin.* *Sulph.* *Thuj.*

ULCERS, SCROFULOUS. *Ars.* *Aur. fol.* *Bell.* *Bov.* *Calc. c.* *Carbo an.* *Carbo veg.* *Caust.* *Cist.* *Graph.* *Hep.* *Lach.* *Lyc.* *Nux v.* *Oleum jec.* *Phos.* *Sep.* *Sil.* *Sulph.*

ULCERS with thin scurf. *Ars.* *Graph.* *Sabin.* *Staph.*

ULCERS, SCURFY, crusty. *Ant. crud.* *Ars.* *Bar. c.* *Bell.* *Bov.* *Bry.* *CALC. c.* *Carbo an.* *Cic.* *Clem.* *Con.* *Commoc. dent.* *Electr.* *Graph.* *Hell.* *Hep.* *Led.* *Lyc.* *MERC. SOL.* *Mez.* *Mur. ac.* *Nux v.* *Oleand.* *Paris.* *Phos. ac.* *Plumb. met.* *Puls.* *Ranunc. bulb.* *Rhus tox.* *Sabin.* *Sarsap.* *Sep.* *SIL.* *Spong.* *Staph.* *SULPH.* *Viol. tr.*

ULCERS, SHAGGY. *Hep.* *Lach.* *MERC. SOL.* *Phos. ac.* *Sil.* *Staph.* *Sulph.* *Thuj.*

ULCERS, SPONGY EDGES. *Ars.* *Merc. sol.*

ULCERS, SPONGY. *Alum.* *Ant. crud.* *Ars.* *Bell.* *Calc. c.* *CARBO AN.* *Carbo veg.* *Caust.* *Cham.* *Clem.* *Con.* *Graph.* *Iod.* *Kreas.* *LACH.* *Lyc.* *MERC. SOL.* *Nitr. ac.* *Nux v.* *Petr.* *Phos.* *Phos. ac.* *Rhus tox.* *Sabin.* *Sep.* *SIL.* *Staph.* *Sulph.* *Tart. e.* *Thuj.*

ULCERS, SPOTTED. ARN. ARS. CON. IPEC. *Lach.*
Sulph. ac.

ULCERS, SPREADING. Amm. c. Anac. ARS. *Bell.*
BORAX. Calc. c. CARBO VEG. CAUST. *Cham. Chel.*
Clem. CON. Cupr. met. *Graph. Hep. Ign. Iod.*
Kali c. Kali bich. Kreas. Lach. Lyc. Magn. c.
MERC. SOL. Mez. *Nat. c. Nat. mur. NITR. AC. NUX*
v. PETR. Phos. Plumb. met. Puls. RANUNC. BULB.
RANUNC. SCEL. Rhus tox. Ruta. Sep. SIL. Spig.
Squill. Staph. Sulph. Sulph. ac. Zinc. met.

ULCERS, SUPPURATING. ARS. *Asaf. Bar. c. Bar. mur.*
Bell. Carbo veg. Chin. Chin. sulph. CON. Crotal.
hor. Dros. Hep. Lach. Mang. MERC. SOL. Nitr. ac.
Petr. Phos. Phos. ac. Puls. Sarsap. SIL. SULPH.
Tart. e.

ULCERS, SWOLLEN. Acon. Agn. Anath. muric. Arn.
ARS. Aur. fol. Bar. c. *Bell. Bry. Calc. c. Carbo*
an. Carbo veg. Caust. Cham. Cic. Cocc. CON.
Crotal. hor. Dule. Graph. Hep. Iod. Kali c. Lamb.
alb. Led. Lyc. Mang. Merc. sol. Nat. c. Nat. mur.
Nitr. ac. NUX v. Petr. Phos. Phos. ac. Plumb. met.
Puls. RHUS TOX. Sabin. Samb. Sep. SIL. Staph.
Sulph. Vip. red. Vip. torv.

ULCERS with raised edges. ARS. *Asaf. Bry. Carbo*
an. Caust. Cic. Cina. Hep. Lyc. MERC. SOL. Nitr.
ac. NUX v. Petr. Phos. Phos. ac. Puls. Sep. Sil.
Sulph.

ULCERS, SYPHILITIC. Anath. muric. Aur. fol. Cist.
Merc. sol. Merc. viv. Nitr. ac. Thuj.

ULCERS, WHITE, or white spotted. ARS. Calc. c. CON.
Dros. Graph. LACH. MERC. SOL. Phos. Sep. SIL.
Sulph. Tart. e. Thuj.

ULCERS, YELLOW. Anath. muric. Calc. c. Corall.
Nitr. ac. Plumb. met. Staph. Sulph. Zinc. met.

ULCERS, PURULENT. Sarsap. Sil.

ULCERS, SUPERFICIAL. Lach. Petr. Polygon. hydrop.

ULCERS with white bases. Ars. Merc. sol.

ULCERS, SMALL. Lach. Nitr. ac.

ULCERS with red edges. Fluor. ac. Lyc. Nux v. Petr.

ULCERS, CARIOUS. Calc. c. Calc. phos. Lyc.

ULCERS, ROUND, or oval. Kali bich. Tart. e. Thuj.

ULCERS with inflamed edges. Ars. Galv. Graph. Merc. dule.

ULCERS with everted edges. Anath. muric. Lyc. Ranunc. bulb.

ULCERS ON SCALP. Anath. mur. Ars. Nitr. ac. Ruta.

ULCERS on ears. Bov. Camph. Kali c. Oleand.

ULCERS on face. Anath. muric. Ars. Bry. Con. Iod. Lach. Merc. dule. Merc. sol. Nat. c. Phos. Phyt. Psor.

ULCERS on chin. Hep. Merc. sol.

ULCERS about mouth. Agn. Alum. Borax. Canth. Gran. Hep. Iod. MERC. SOL. Nitr. ac. Nux v. Op. Petr. Plumb. met. Staph. Thuj. Zinc. met.

ULCERS on lips. Anath. muric. Caust. Cic. Con. Nat. c. Sil.

ULCERS on cheeks. Calc. c. Iod.

ULCERS on abdomen. Ars. Bar. mur. Chin. Cupr. Hep. Plumb. met.

ULCERS in groin (buboes?). Anath. muric. Badiag. Bar. mur. Hep.

ULCERS on penis. Anath. muric. Corall. Nitr. ac. Nux jug. Sulph. THUJ.

ULCERS on prepuce. Corall. Hep. Merc. sol. Nitr. ac. Phos. Staph. Sulph.

ULCERS on scrotum. Amm. c. Amm. mur. Aur. mur. Sep.

ULCERS on labia. Graph. Tart. e. Thuj.

ULCERS on nates. Borax. Hydrocotyle.

ULCERS on mammæ and nipples. Hep. Phos. Sil.

ULCERS on arms. Electr. Kali bich. Lach. Rhus tox.

ULCERS on forearms. Kali bich. Polygon. hydrop.

ULCERS on hands. Anath. muric. Ars. Dros. Sil.

ULCERS on fingers. Alum. Ars. Carbo veg. Kreas. *Lyc.* Mang. Plat. Ranunc. bulb. Sep.

ULCERS on thighs. Crotal. hor. Kali c. Merc. sol. Nitr. ac. Paul. pin. Sil. Thuj.

ULCERS on legs. Anath. muric. Ars. Bar. c. Bry. Calc. c. Canth. Carbo veg. Caust. Clem. Ipec. Graph. Hydrast. Jacar. car. *Lach.* *Lyc.* Merc. sol. Mur. ac. Nat. c. Nux mosch. Paul. pin. Phos. Phos. ac. Phyt. Puls. Psor. Ruta. *Sabin.* Selen. Sil. Staph. Sulph. Vip. torv.

ULCERS on feet. *Con.* *Ipec.* Phos. Puls. Selen. *Sulph.* *Zinc. met.*

ULCERS on soles of feet. Anath. muric. Ars. Sep. Sulph.

ULCERS on heels. Ars. Caust. Lam. alb. *Nat. c.* *Sep.* *Sil.*

ULCERS on toes. Ars. Carbo veg. Graph. Nitr. ac. Petr. Plat. Sep.

ULCERS on ankles. Hydrocotyle. Sil.

VARICELLÆ ACUMINATÆ. Acon. Ant. crud. Ars. Bell. *Bry.* *Carbo veg.* Caust. Cycl. Ipec. Nat. c. Nat. mur. Puls. Sep. Tart. e. *Thuj.*

VARICELLÆ AGNOSÆ. Acon. Ant. crud. Bell. *Puls.* *Rhus tox.* Sec. *Sil.* Tart. e. *Thuj.*

VARICELLÆ, pocks ulcerate and will not heal. Sep. Sulph.

VARICES about anus. Alum. Amm. c. Ant. crud. Ars.

VARICES of pregnant women. Carbo veg. *Lyc.* Magn. aus. Millef. Puls.

VARICOSE VEINS, in legs especially. Fluor. ac. Sulph. Zinc. met.

VESICLES in general. Acon. Alum. Amb. Amm. c. Amm. mur. Anac. Ant. crud. Arg. fol. Arn. ARS. Aur. fol. BAR. c. Bell. Borax. Bov. BRY. Calad. CALC. c. Camph. Cann. sat. CANTH. Caps. Carbo an. Carbo veg. Caust. Cham. Chen. Chin. Cic. CLEM. Cocc. Coloc. Con. Crotal. hor. Cupr. met. Cycl. DULC. Electr. Euphorb. Graph. Grat. Guaj. Hell. Hep. Hyosc. Kali c. Kali chl. Kreas. LACH. Lauro. Lob. Lupul. Lyc. Magn. ars. Magn. c. Magn. mur. Mang. Merc. sol. Mez. Mur. ac. Nat. c. NAT. MUR. Nat. sulph. Nitr. Nitr. ac. Nux v. Oleand. Oleum an. Op. Petr. Phos. Phos. ac. Plat. Plumb. met. Puls. Ranunc. bulb. Ranunc. scel. Rhodo. RHUS TOX. Ruta. Sabad. Sabin. Sarsap. Sec. Selen. Seneg. Sep. Sil. Spig. Spong. Staph. Stram. SULPH. Sulph. ac. Tabac. Tarax. Tart. e. Thuj. Val. Verat. alb. Vip. red. Vip. torv. Zinc. met.

VESICLES contain air. Kali c. Vip. torv.

VESICLES, BLACK. Ars. Lach. Nat. c. Petr. Vip. torv.

VESICLES, blue-black. ARS. Bell. Con. LACH. Ranunc. bulb. Rhus tox. Vip. torv.

VESICLES, as if from a *burn*. Amb. Bell. Carbo an. Clem. Lyc. Nat. c. Phos. Sep. Sulph.

VESICLES close together. Ranunc. bulb. Rhus tox. Verat. alb.

VESICLES, CONFLUENT. Alum. Rhus tox.

VESICLES, CRACKED, breaking open. BRY. Crotal. hor. Lach. Lam. alb. Lupul. Nitr. Phos. Vip. torv.

VESICLES, ERYSIPELATOUS. Amm. c. ARS. Bar. c. BELL. Bry. Carbo an. Chin. Euphorb. GRAPH. HEP. LACH. Petr. Phos. Ranunc. bulb. RHUS TOX. Sabad. SEP. Staph. Sulph.

VESICLES, FISTULOUS. Aur. fol. CALC. c. Petr.

VESICLES, GANGRENOUS. Acon. Ars. Bell. Camph.

Carbo veg. Hyosc. Lach. Mur. ac. Ranunc. bulb. Sabin. Sec.

VESICLES, HARD. Lach. Phos. ac. Sil.

VESICLES, HUMID. Electr. *Hell.* Hep. Lach. Mang. *Merc. sol.* Phos. Ranunc. bulb. Ranunc. scel. *Rhus tox.* Sulph. Vip. torv.

VESICLES, INFLAMED. *Amm. mur.* Bar. c. Bell. Nitr.

VESICLES, RAISED. Fluor. ac. *Merc. sol.* Selen. Sulph.

VESICLES, RED. *Ant. crud.* Calc. phos. Cic. Cycl. Crotal. hor. Fluor. ac. Lach. Mang. *Merc. sol.* Nat. c. *Nat. mur.* Oleum an. Sil. Val.

VESICLES with red areola. Calc. caust. Cann. sat. Crotal. hor. Kali c. Kali chl. Nat. c. Sil. Sulph. Tabac. Vip. torv.

VESICLES sac-shaped. Kali c. Vip. torv.

VESICLES, SANGUINEOUS. ARS. Aur. fol. Bry. Canth. Fluor. ac. Nat. mur. *Sec.* Sulph.

VESICLES, SCURFY. *Hell.* Nat. mur. Nitr. ac. Ranunc. bulb. Sil. Sulph.

VESICLES, SUPPURATING. *Amm. mur.* Aur. fol. Bov. Calc. c. Carbo veg. Magn. c. *Nat. c.* Nitr. ac. Petr. Phos. Puls. Ranunc. bulb. Ranunc. scel. *Rhus tox.* Sarsap. Sulph. Vip. torv. Zinc. met.

VESICLES, TRANSPARENT. Kali c. Lach. *Magn. c.* Magn. mur. Mang. *Merc. sol.* *Ranunc. bulb.*

VESICLES surrounding ulcers. LACH. *Rhus tox.*

VESICLES, ULCERATED. Calc. c. Caust. Graph. *Merc. sol.* Nat. c. SULPH. *Zinc. met.*

VESICLES, WATERY. *Bell.* Bov. Clem. Cupr. met. Graph. Kali c. *Merc. sol.* Nat. c. Nitr. Oleum an. Plat. Plumb. met. *Rhus tox.* *Rhus vern.* *Sec.* Sulph. Tabac. Vip. red. Zinc. met.

VESICLES, WHITISH. *Amm. c.* Berb. Cann. sat. Caust. Clem. Electr. Graph. *Hell.* Hep. *Lach.* *Merc. sol.* Mez. *Nat. c.* Phos. Sabad. Sulph. *Thuja.*

VESICLES, YELLOWISH. Ant. crud. DULC. Crotal. hor.
Mur. ac. Ranunc. scel. Rhus tox. Vip. torv.

VESICLES, PURULENT. Merc. viv. Sil.

VESICLES filled with yellow water. Calc. phos. Kali
nit. Nitr. Ranunc. scel. Rhus tox. Tabac.

VESICLES, DEEP. Lach. Merc. sol.

VESICLES, SPREADING. Kali c. Magn. c. Merc. sol.
Nitr. ac.

VESICLES, CORROSIVE. Graph. Kali c. Magn. c. Ra-
nunc. scel.

VESICLES, LARGE. Caust. Magn. mur. Phos.

VESICLES, SMALL. Amm. mur. Cann. sat. Fluor. ac.
Graph. Hell. Lach. Mang. Merc. sol. Merc. viv.
Nat. mur. Nitr. ac. Rhus tox. Thuja.

VESICLES on scalp. Bov. Clem. Oleum an.

VESICLES on eyelids. Magn. arc. Rhus tox. Selen.

VESICLES on ears. Alum. Chin. Rhus ven. Rhus
vern.

VESICLES on nose. Amm. c. Carbo an. Croton tig.
Lach. Magn. mur. Nat. c. *Nat. mur.* Nitr. ac. Petr.
Phos. Plumb. acet. Plumb. met. Rhus tox. Sil.
Verat. alb.

VESICLES on face. Alum. Amm. c. Amm. mur.
Ant. crud. Aur. fol. Bar. c. Bell. Bov. Bry. Canth.
Carbo an. Caust. Cic. Clem. *Euphorb.* Graph.
Lach. Lupul. Magn. c. Mang. Nat. c. Nitr. Nitr.
ac. Nat. mur. Oleum an. Petr. Phos. Plant. maj.
Rhus rad. RHUS TOX. Rhus ven. Sep. Sil. Sulph.
Val. Zinc. met.

VESICLES on and about lips and mouth. Alum. Amm.
c. Amm. mur. Ars. Aur. fol. Bell. Bry. Canth.
Carbo an. Carbo veg. Caust. Cic. Clem. Con.
Graph. Gum. gut. Hell. Hep. Kali c. Lauro. Magn.
c. Magn. mur. Mang. Merc. sol. Mez. Mur. ac.
Nat. c. *Nat. mur.* Nat. sulph. Nitr. Par. Phos.

Plat. Ratanh. Rhodo. Rhus tox. Sarsap. Seneg.
Sep. *Sil.* Staph. Sulph. Val. Verat. alb. Zinc. met.

VESICLES on upper lip. Cic. Ratanh. Rhus ven.

VESICLES at corners of mouth. Caust. Lauro. Mez.
Seneg.

VESICLES on chin. Canth. Hep. Nat. c. Sarsap.

VESICLES on forehead. Canth. Plumb. acet.

VESICLES on abdomen. Caust. Merc. sol.

VESICLES on glans penis. Ars. hydrog. Merc. sol.
Phos. ac. Rhus tox. Stann. Thuj.

VESICLES on prepuce. Ars. hydrog. Carbo veg. Caust.
Graph. Merc. sol. Nitr. ac.

VESICLES on neck. Alum. Hydrocotyle. Magn. c.
Vip. red.

VESICLES on nape of neck. Caust. Magn. c.

VESICLES on back. Caust. Graph. Lach. Nat. c.

VESICLES on scapulæ. Amm. c. Ant. crud. Caust.
Cic. Lach. Vip. red.

VESICLES on shoulders. Amm. mur. Ant. crud.
Magn. c. Mang. Rhus tox. Vip. torv.

VESICLES on arms. Amm. mur. Ant. crud. Caust.
Hydrocy. ac. Kali chl. Magn. c. Mang. Merc. cor.
Merc. sol. Nat. c. *Nat. mur.* Puls. Sarsap. *Sil.*
Spong. Staph. Sulph. Vip. torv.

VESICLES on forearm. Caust. Lob. Sarsap. *Sil.*
Spong. Staph. Sulph.

VESICLES on hands. Ant. crud. Bov. Coutts's caust.
Clem. Cocc. Hep. Kali c. Kali chl. Kali hyd. Lach.
Lupul. Magn. c. Merc. sol. Mez. Nat. mur. Phos.
Plant. maj. Rhus tox. Selen. Sep. Spig. *Sil.* Squill.
Sulph.

VESICLES on backs of hands. Lob. Sulph.

VESICLES on palms of hands. Bell. Canth. Rhus ven.

VESICLES on wrists. Amm. mur. Merc. sol. Rhus
rad. Rhus tox.

VESICLES in bend of elbow. Nat. c. Sulph.

VESICLES on fingers. Bell. Clem Cupr. met. Cycl. Electr. Graph. Grat. Hell. Hep. Kali c. Lach. Lauro. Magn. c. Mang. Nat. c. Nat. mur. Nat. sulph. Nitr. ac. Phos. Phos. ac. Plumb. met. Ranunc. seclr. Rhus ven. Rhus vern. Sarsap. Sep. Sil.

VESICLES between fingers. Lob. Phos. Rhus tox.

VESICLES on thumbs. Hep. Lach. Mez. Nat. c. Nat. sulph. Nitr. ac. Phos. ac. Sep.

VESICLES on hips and nates. Borax. Calc. c. Oleand. Phos. ac. Rhus tox.

VESICLES on thighs. Ant. crud. Cann. sat. Caust. Hyosc. Nat. c. Oleand. Sarsap. Vip. torv.

VESICLES on legs. Ant. crud. Bell. Caust. Hyosc. Kali c. Mang. Staph. Vip. torv.

VESICLES on knees. Ant. crud. Carbo veg. Caust. Phos. Rhus tox. Sabad.

VESICLES on feet in general. Ars Caust. Con. Graph. Lach. Phos. Selen. Sep. Tarax. Vip. torv. Zinc. met.

VESICLES on soles of feet. Ars. Sulph.

VESICLES on heels. Calc. c. Caust. Lach. Lam. alb. Nat. c. Petr. Phos. Sep.

VESICLES on toes. Graph. Lach. Nat. c. Nitr. ac. Phos. ac. Rhus ven. Selen. Sulph.

WARTS, BLEEDING. Cinnab. Magn. aus. Nat. c. Nitr. ac. Thuj.

WARTS, FLAT. Dule. Lach.

WARTS, HARD, horny. Ant. crud. Borax. Dule. Graph. Ranunc. bulb. Sil. Sulph. Thuj.

WARTS, INDENTED. Calc. c. Euphras. Lye. Nitr. ac. Phos. ac. Rhus tox. Sabin. Staph. Thuj.

WARTS, INFLAMED. Amm. c. Bov. Calc. c. CAUST. Hep. Lye. NAT. c. Nitr. ac. Rhus tox. Sep. SIL. Staph. Sulph.

WARTS, LARGE. Caust. Dule. Kali c. Nat. c. Nitr. ac. Sep.

WARTS, OLD. *Calc. c. Caust. Nitr. ac. Rhus tox. Sulph.*

WARTS, PEDUNCULATED. *Dule. Lyc. Thuj.*

WARTS, SMALL. *Bar. c. Calc. c. Dule. Hep. Lach.*

RHUS TOX. SARSAP. *Sep. Sulph. THUJ*

WARTS, SUPPURATING, humid. *Ars. Bov. Calc. c. Caust. Hep. Sil. Thuj.*

WARTS, ULCERATED. *Ars. Calc. c. Nat. c. Phos.*

WARTS ON EYEBROWS. *Amath. muric. CAUST.*

WARTS ON FACE. *Caust. Dule. Kali g. Nitr. ac. Sep. Sulph.*

WARTS ON ARMS. *Caust. Lyc. Nat. c. Nitr. ac. Sep. Sil. Sulph.*

WARTS ON HANDS. *Anac. Berb. Calc. c. Dule. Lach. Lyc. Nat. c. Nat. mur. Nitr. ac. Phos. Rhus tox. Sep. Sil. Sulph. Thuj.*

WARTS ON PALMS OF HANDS. *Anac. Nat. mur.*

WARTS ON FINGERS. *Berb. Lach. Lyc. Rhus tox. Sulph. Thuj.*

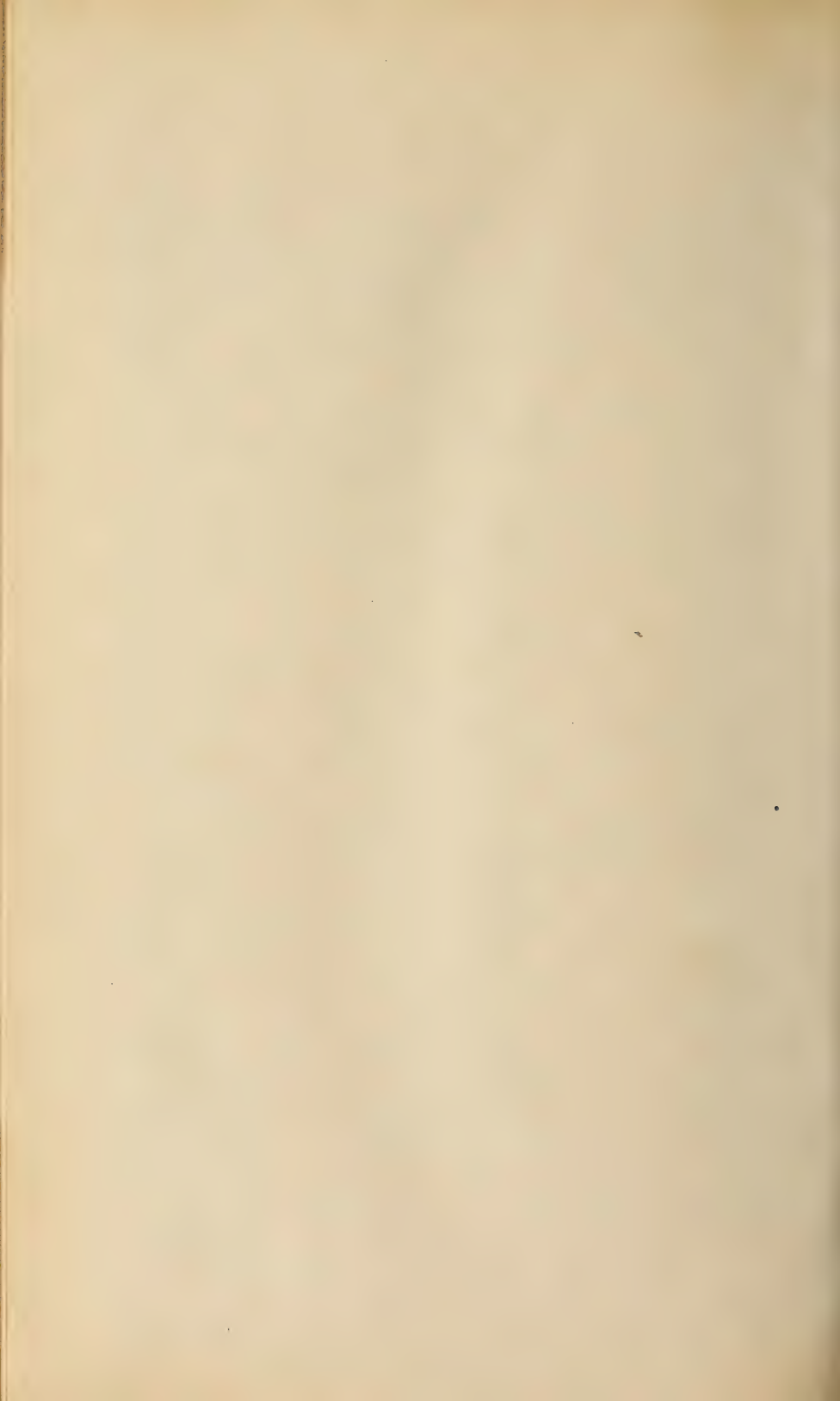


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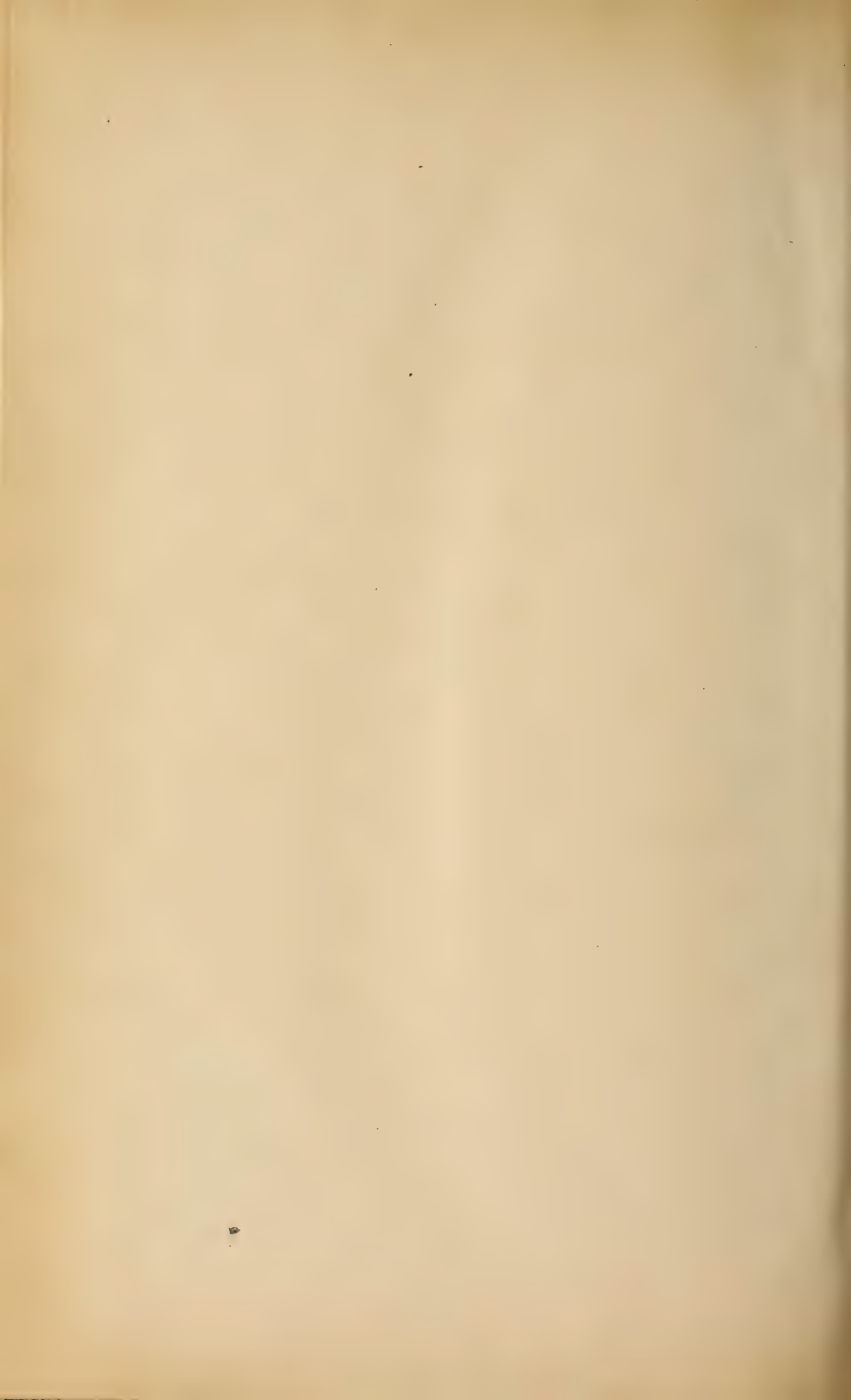
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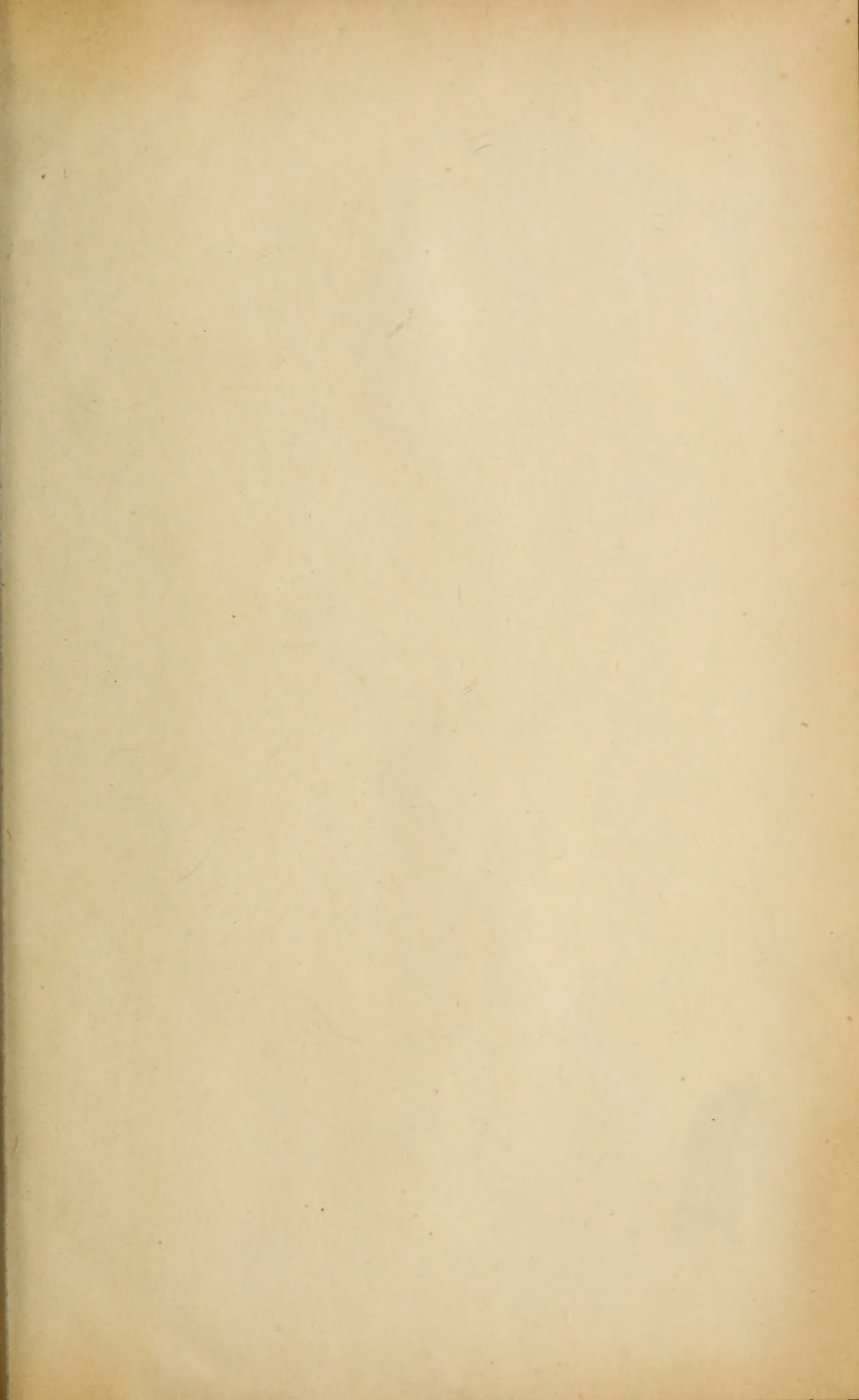
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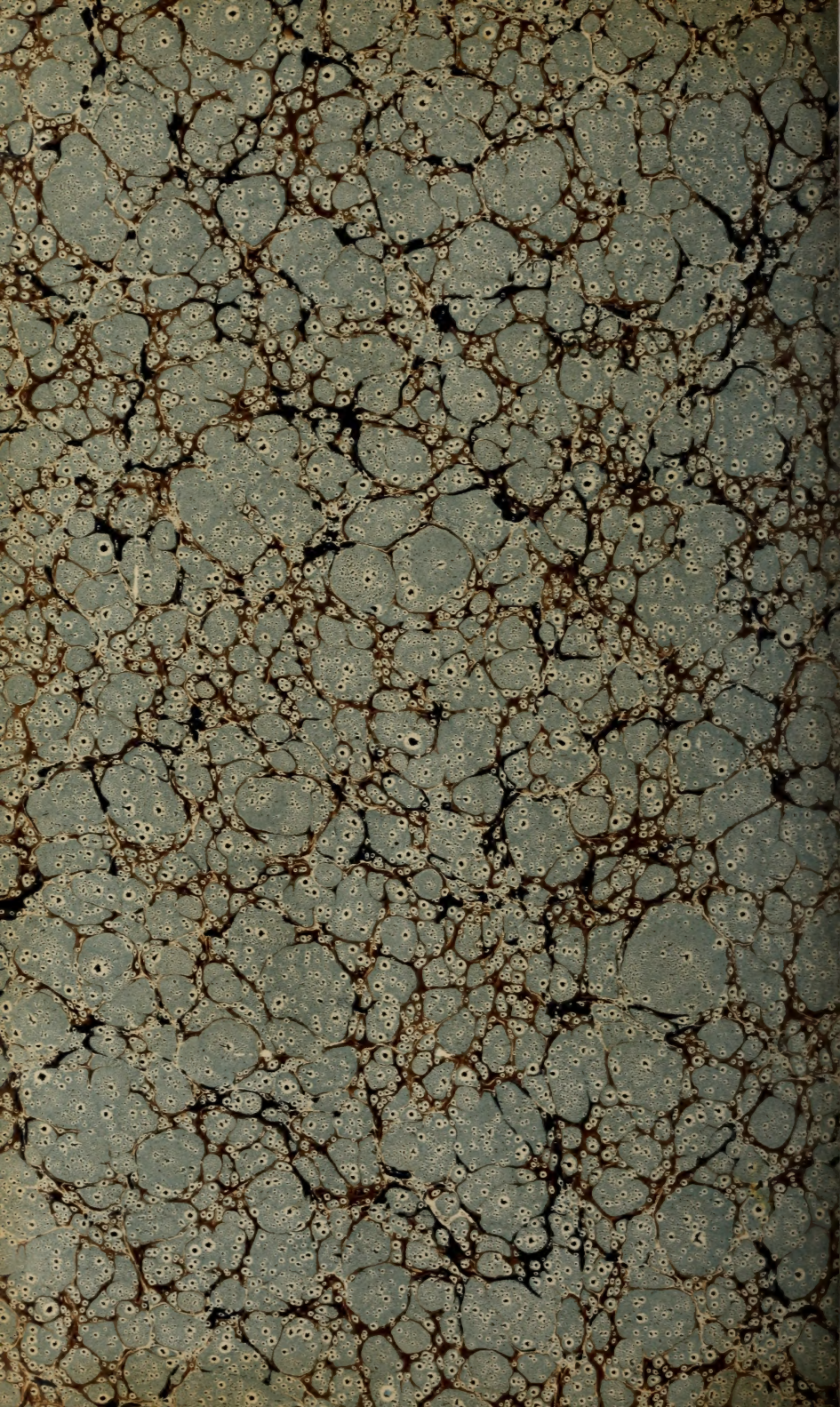
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